

11264

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>8152</u>		Registrar's No. <u>117</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> ⁰¹⁶⁰				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape</u> ⁰¹⁶⁰			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Shawneetown Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) <u>Rural Shawneetown Twp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Corse</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>May 5, 1871</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eleck Walker</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Anderson</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Corse Menfro, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 mos</u> <u>15 yrs</u> <u>10 yrs</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 6, 1953</u> , to <u>April 18 1955</u> , that I last saw the deceased alive on <u>April 15, 1953</u> , and that death occurred at <u>6:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. N. Jaeger, M.D.</u>				23b. ADDRESS <u>Jackson, Mo</u>		23c. DATE SIGNED <u>4-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crosstown, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/20/55</u>		REGISTRAR'S SIGNATURE <u>By David H. 43-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Perryville mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
70-48

APR 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wallace Young*

Licensed Embalmer No. *402*

P. O. Address *Perryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.