No. 300
10.48

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

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State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 111

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (in this place) 30 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1215 Water St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cape Gir Co.
c. CITY OR TOWN Cape Girardeau
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 1215 Water St.

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3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) (none)
c. (Last) Self

4. DATE OF DEATH (Month) (Day) (Year) Jan 27 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 23 1887
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 0 Days 4 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman
10b. KIND OF BUSINESS OR INDUSTRY International Shoe Co
11. BIRTHPLACE (City and State or Foreign Country) Grand Tower Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John Self
13b. MOTHER'S MAIDEN NAME Sarah Don't Know
14. NAME OF HUSBAND OR WIFE Mrs Clara Self

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. Don't Know
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Clara Self Cape Gir. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-27, 1956, *to* 1-27, 1956, *that I last saw the deceased alive on* 1-27, 1956, *and that death occurred at* 3:00 *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. L. Seabaugh, M.D.
23b. ADDRESS Cape Girardeau Mo
23c. DATE SIGNED 1-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 31 1956
24c. NAME OF CEMETERY OR CREMATORY Hobb's Chapel
24d. LOCATION (City, town, or county) (State) Cape Gir Mo. Rural

DATE REC'D BY LOCAL REG. 1-31-56
REGISTRAR'S SIGNATURE C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE Brinkopf Howell W.J. Estes ADDRESS Cape Gir Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ...NEIL H. GROSSHEIDER....., Student Embalmer No....524

working under my personal supervision..

Student Neil H. Grossheider Signed W. R. Estes
Signature of Student Embalmer

Licensed Embalmer No..356

P. O. Address Cape Gir

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.