

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4047

State File No. ....

FILED MAR 5 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Jackson</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 days</b>		• STREET ADDRESS (If rural, give location) <b>708 West Main</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South East Mo. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clyde</b> b. (Middle) <b>M.</b> c. (Last) <b>Statler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 24, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 24, 1908</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Furn. Store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Near Jackson, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John H. Statler</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Hitt</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Wilma Statler</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>blank</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Wilma Statler Jackson, Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b>		<b>5 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c)		<b>Unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Feb 20, 1956, to Feb 23, 1956, that I last saw the deceased alive on Feb 23, 1956, and that death occurred at 4:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. N. Jaeger M.D.</b>	23b. ADDRESS <b>Jackson, Mo</b>	23c. DATE SIGNED <b>2-24-56</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 26, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>
24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>		

DATE REC'D BY LOCAL REG. <b>2-27-56</b>	REGISTRAR'S SIGNATURE <b>C. C. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>P. C. Cracraft Jackson, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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 *Lymann Steele*.....

Licensed Embalmer No. *247*.....

P. O. Address *Jackson*.....

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.