

0.300  
0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1956

State File No. 12601

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5182 Registrar's No. 277

1. PLACE OF DEATH  
a. COUNTY Cape Girardeau  
2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
a. STATE Missouri b. COUNTY Cape Girardeau

b. CITY (If outside of State, name city, town, village and give town) RURAL - SHAWNEE TWP. c. LENGTH OF STAY (in this place) 5 yrs  
c. CITY OR TOWN Fruitland d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Family Home a. STREET ADDRESS (If rural, give location) Shawnee P.W.P

3. NAME OF DECEASED (Type or Print) a. (First) LUCY b. (Middle) COTNER c. (Last) WHITLEGGE 4. DATE OF DEATH (Month) (Day) (Year) May 3 1956

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH May 13, 1882 9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and State or Foreign Country) Shawneetown Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Cotner 13b. MOTHER'S MAIDEN NAME Effie Sider 14. NAME OF HUSBAND OR WIFE Alexander Whitlegge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J.M. McNeely Fruitland 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) Intestinal Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 1 week  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Metastatic Adenocarcinoma 6 mo.  
DUE TO (c) Adenocarcinoma of Rectum 3 years  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4/20/56 19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Rectum 154 x 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) (Minute) 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 March 1956, to May 3, 1956, that I last saw the deceased alive on May 3, 1956, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. S. Sieberson 23b. ADDRESS 2048 Washington Jackson Mo 23c. DATE SIGNED 3/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 6, 1956 24c. NAME OF CEMETERY OR CREMATORY Applecreek 24d. LOCATION (City, town, or county) Fruitland Mo (State)

DATE REC'D BY LOCAL REG. 5-8-56 REGISTRAR'S SIGNATURE C. C. Summers 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Jackson Mo

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

4-0

---

---

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 *Henry C. Crawford*.....

Licensed Embalmer No. *43*.....

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.