

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23030

State File No.

FILED JUL 18 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 343

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

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 corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 66 Yrs.	c. CITY OR TOWN Cape Girardeau
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION On way to St. Francis Hospital about 800 blk. of Morgan Oak St. 379 North Henderson			
3. NAME OF DECEASED a. (First) AMELIA (Type or Print)		b. (Middle) NOTHDURFT	c. (Last) NOTHDURFT
4. DATE OF DEATH July 11, 1956 (Month) (Day) (Year)		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 27, 1890		9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 1 Days 14 IF UNDER 24 Hrs. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	
11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Charles Klages		13b. MOTHER'S MAIDEN NAME Anna Sanders	
14. NAME OF HUSBAND OR WIFE Charles F. Nothdurft		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	
16. SOCIAL SECURITY NO. 490-05-5612		17. INFORMANT'S SIGNATURE OR NAME Mrs. Don Caldwell ADDRESS Cape Girardeau, 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 yr.?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X	
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) m.		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 3-23-54 , 19 54 , to July 11, 1956 , that I last saw the deceased alive on July 11, 1956 , and that death occurred at 5 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles F. Wilson M.D.		23b. ADDRESS 714 Broadway Cape Girardeau, Mo.	
23c. DATE SIGNED 7-14-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 13, 1956		24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery	
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Walter's Funeral Home ADDRESS Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. 7-16-56		REGISTRAR'S SIGNATURE W. C. Summers	

JUL 24 1956

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 *William Lee Jones*

Licensed Embalmer No. *4410*

P. O. Address *Cape Girardeau*

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.