

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43606

STATE FILE NUMBER 10492

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hosp		d. STREET ADDRESS (If outside, give location) 2 Weeks	
3. NAME OF DECEASED (Type or print) GEORGE		4. DATE OF DEATH 11-10-56	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5-14-1869	
9. AGE (In years last birthday) 87		10. KIND OF BUSINESS OR INDUSTRY Newspaper	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) publisher		11. BIRTHPLACE (City and state or country) Mo.	
13. FATHER'S NAME George P. Naeter		14. MOTHER'S MAIDEN NAME Mary Fechner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-18-7851	
17. INFORMANT Fred Naeter, Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion Cerebral arteriosclerosis (Encephalomalacia) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis (Encephalomalacia) 3 yrs DUE TO (c) Smoking 332X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic heart disease Arteriosclerotic Heart Disease - Right Bundle Branch Block			INTERVAL BETWEEN ONSET AND DEATH 8 hours
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1953		20f. CITY, TOWN, OR LOCATION 11-10-56	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 7953 10 P.M. 11-10-56 and last saw her alive on 11-10-56 Death occurred at 10:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John V. Lawrence (Degree or title) M.D.		22b. ADDRESS 3720 Washington Mo	
22c. DATE SIGNED 11-16-56		22d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-12-56	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Walters, Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. NOV 16 1956	
26. REGISTRAR'S SIGNATURE J. Carl Smith, Mo			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

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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 *V E Morris*

Licensed Embalmer No. *3*

P. O. Address *St Louis*

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