

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

534

State File No.

BIRTH NO. 84854-56 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Cape Girardeau</u>) c. LENGTH OF STAY (in this place) <u>9 Days</u>		c. CITY OR TOWN <u>Lutesville</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Francis Hospital,</u>		e. STREET ADDRESS (If rural, give location) <u>0090</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Trankler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan, 7th 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Oct, 22nd 56,</u>	9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u>13</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Advance Mo.,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Milfred Trankler</u>	13b. MOTHER'S MAIDEN NAME <u>Elfrank,</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>_____</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Milfred Trankler</u> ADDRESS <u>Lutesville, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fever of unknown origin</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>? Septicemia ?</u> DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BRONCHOLITIS 1 week previous, cured.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Autopsy - no findings - 0534</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 29 Dec, 1956, to 7 Jan, 1957, that I last saw the deceased alive on 7 Jan, 1957, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James A. Kinder, M.D.</u>	23b. ADDRESS <u>Cape Girardeau Mo.</u>	23c. DATE SIGNED <u>13 Jan '57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 9th 57,</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leopold Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leopold, Bollinger Mo.,</u>
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DATE REC'D BY LOCAL REG. <u>1-15-57</u>	REGISTRAR'S SIGNATURE <u>Lo. Co. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home,</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-6

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 *J. E. Graham*.....

Licensed Embalmer No. *4014*.....

P. O. Address *Lutesville*.....

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.