

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16420

State File No.

FILED JUN 3 1957

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>281</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) (township) <u>3 DAYS</u>		c. CITY OR TOWN <u>ADVANCE</u>		d. Is 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>				STREET ADDRESS (If rural, give location) <u>103rd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>		b. (Middle) <u>KEY</u>		c. (Last) <u>TRUE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18, 1957</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 10, 1901</u>	
9. AGE (in years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. BARBER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>D.S. TRUE</u>			13b. MOTHER'S MAIDEN NAME <u>CLARA KEY</u>			14. NAME OF HUSBAND OR WIFE <u>SOPHIA TRUE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-26-5692</u>		17. INFORMANT'S SIGNATURE OR NAME <u>SOPHIA TRUE</u>		ADDRESS <u>ADVANCE, Mo.</u>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1) Pneumonia (2+) 2) Pulmonary embolism 3) Myocardial infarct.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Severe Pulmonary emphysema</u>					
		DUE TO (c)					
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)		4201	
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 <u>5/16</u> , 19 <u>57</u> , to <u>5/18</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5/18/57</u> 19 <u> </u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Kernig MD</u> (Degree or title)				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>5/29/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/20/57</u>		24c. NAME OF CEMETERY OR CREMATOR <u>MORGAN MEM. PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ADVANCE, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-27-57</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Lloyd S. Mowbray, Jr.</u>		ADDRESS <u>Mo. Advance</u>	

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

44

MAR 28 1958 JUN 20 1957

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.....

W^m H. May

Licensed Embalmer No. 464

P. O. Address *Adwona*

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.