

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35050**

FILED NOV 4 1957

BIRTH MO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 500		
1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo				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) Cape Girardeau		c. LENGTH OF STAY (in this place) 9 days		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street and house location) HOSPITAL OR INSTITUTION Wilson Nursing Home				STREET ADDRESS (If rural, give location) 612 Pine Street				
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) W. c. (Last) Derrington			4. DATE OF DEATH Oct, 29 1957		4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 26. 1888		
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marquette Cement Co Cement worker			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) / Ky		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Warren Derrington		13b. MOTHER'S MAIDEN NAME Martha Ann Parker		14. NAME OF HUSBAND OR WIFE Viola Derrington, Dece/	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-05-7881		17. INFORMANT'S SIGNATURE OR NAME J. W. Derrington 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung, probable (X-ray of chest diagnosis) INTERVAL BETWEEN ONSET AND DEATH unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 163X DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Malnutrition Conditions contributing to the death but not related to the disease or condition causing death. Benign prostatic hypertrophy				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min)		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 Oct 1, 1957 , to Oct 29, 1957 , that I last saw the deceased alive on Oct 15, 1957 and that death occurred at 3:30A m., from the causes and on the date stated above.								
23a. SIGNATURE Perceval W. Holtworth, M.D. (degree or title)				23b. ADDRESS 824 N. Sprigg Cape Girardeau, Mo.		23c. DATE SIGNED Nov. 1, 1957		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/1/1957		24c. NAME OF CEMETERY OR CREMATORY Lorimer Cent		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo		
DATE REC'D BY LOCAL REG. 11-2-57		REGISTRAR'S SIGNATURE C. C. Summer		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Hansen ADDRESS Cape Girardeau Mo.				

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

44-0

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 *H. J. Haman*

Licensed Embalmer No. 2863

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.