

Health, Welfare and Public Service  
 800-56  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

466

FILED JAN 20 1958

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 129

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>Cape Girardeau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Jackson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>South East Hospital</u>				Length of stay in lb <u>8 days</u>		d. STREET ADDRESS (If outside, give location) <u>506 N. Maryland</u>	
3. NAME OF DECEASED (Type or print) First <u>Mollie</u> Middle <u>M.</u> Last <u>Baker</u>				4. DATE OF DEATH Month <u>1</u> Day <u>7</u> Year <u>1958</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 19, 1891</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Int' shoe factory</u>		11. BIRTHPLACE (City and state or country) <u>Millersville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Franc M. Niswonger</u>				14. MOTHER'S MAIDEN NAME <u>Mary Estes</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Wessley E. Baker</u> Address <u>Jackson, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction, recurrent</u> DUE TO (b) <u>Arteriosclerotic Cardiovascular</u> DUE TO (c) <u>renal disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetes, mellitus; diabetic ulcer, foot; Cholelithiasis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>40 min</u>
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 _____ a. m. _____ p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>8/9/37</u> to <u>1/7/58</u> and last saw her <u>alive</u> on <u>1/7/58</u> Death occurred at <u>9:50 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. H. Trolinger, M.D.</u> (Degree or title)				22b. ADDRESS <u>J. H. TROLINGER, M. D. JACKSON, MISSOURI</u>		22c. DATE SIGNED <u>1/9/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Jan. 11, 1958</u>		<u>Russell Heights</u>		<u>Jackson Mo.</u>	
24. FUNERAL DIRECTOR <u>U.C. Crawford</u> ADDRESS <u>Jackson, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>1-13-58</u>		26. REGISTRAR'S SIGNATURE <u>Elizabeth Summers Dip</u>	

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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 *[Handwritten Signature]*  
.....

Licensed Embalmer No. *[Handwritten Number]*

P. O. Address *[Handwritten Address]*

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.