

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009158

STATE FILE NUMBER

FILED MAR 26 1958

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 237

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR WhiteWater TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Jackson ⁰¹⁶⁰ Rt. 2 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mi. W. Jackson		Length of stay in 1b	d. STREET ADDRESS 4 Mi. W. Jackson (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Mattie Kurre Wilkinson			4. DATE OF DEATH Mar. 15 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 14 1909		9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker	10b. KIND OF BUSINESS OR INDUSTRY Making Shoes	11. BIRTHPLACE (City and state or country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME R.A. Kurre			14. MOTHER'S MAIDEN NAME Linnie Kaiser		
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. 499-26-1851	17. INFORMANT Lawrence Wilkinson Jackson Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Breast Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma left Breast	3 yrs.
	DUE TO (c) _____	170X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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. 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.)	20f. CITY, TOWN, OR LOCATION Jackson Mo	COUNTY _____	STATE _____
21. I attended the deceased from 1-26-57 to 3-15-58 and last saw her ^{her} alive on Mar 4, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE J. H. Jaeger M.D. (Degree or title)	22b. ADDRESS Jackson Mo	22c. DATE SIGNED Mar 17, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 17 1958	23c. NAME OF CEMETERY OR CREMATORY New Salem	23d. LOCATION (City, town, or county) (State) Daisy Mo.

24. FUNERAL DIRECTOR Deneke-Laird Jackson Mo.	25. DATE RECD. BY LOCAL REG. March 20, 1958	26. REGISTRAR'S SIGNATURE Mrs. Homer E. Cooper
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(Licensed Embalmer's Statement on Reverse Side)

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 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be reported for diseases in Part I unless they are causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *P. O. Laird*.....

Licensed Embalmer No. *45*.....

P. O. Address *Jackson*.....

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.