

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013474  
STATE FILE NUMBER

FILED MAY 8 1958

Registration District No. 53 Primary Registration District No. \_\_\_\_\_ Registrar's No. 289

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Cape Girardeau</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <b>Cape Girardeau</b> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Southeast Mo. Hospital 1 day</b> INSTITUTION		Length of stay in lb	d. STREET ADDRESS <b>231 Mill St.</b>

3. NAME OF DECEASED (Type or print) <b>Jack Daniels</b>			4. DATE OF DEATH <b>April 27, 1958</b>	
First	Middle	Last	Month	Day Year

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 5, 1883</b>	9. AGE (In years last birthday) <b>75</b>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 24 HRS. Hours	13. UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Newport, Va.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jack Daniels, Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Vonnie (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-10-8017</b>	17. INFORMANT Address <b>Ethel Gale, 231 Mill, Cape Gir., Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b><del>Stroke</del> Carcinoma of Esophagus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 months</b>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

150X

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"/>
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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.)
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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	COUNTY	STATE
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21. I attended the deceased from <b>9/5/57</b> to <b>4/21/58</b> and last saw him <b>alive on 4/26/58</b> Death occurred at <b>11:10 A.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Israel M. Hotzworth, M.D.</b>	22b. ADDRESS <b>34 N. Sprigg Cape Girardeau, Mo.</b>	22c. DATE SIGNED <b>4/28/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 1, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairmont Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>
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24. FUNERAL DIRECTOR <b>L.R. Sparks</b>	ADDRESS <b>Cape Gir., Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>May 1, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Homer E. Cooper</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300  
-57

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 *Eddie Middleton* .....

Licensed Embalmer No. *5046* .....

R. O. Address *426 North Opel Sheridan, Mo* .....

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.