

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013502  
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. \_\_\_\_\_ Registrar's No. 268

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Missouri Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Jackson Mo</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. East Mo Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>626 West Main Street</u>	

3. NAME OF DECEASED (Type or print) First Lynn Middle \_\_\_\_\_ Last Thomure

4. DATE OF DEATH Month April, Day 7, Year 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH Sept. 7, 1878 9. AGE (In years last birthday) 79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Un Known 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) Ste Genevieve Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Un Known 13b. MOTHER'S MAIDEN NAME Un Known 14. NAME OF HUSBAND OR WIFE None

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. None 17. INFORMANT Mrs Ed Nwell Jackson Mo Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) \_\_\_\_\_  
DUE TO (c) 334X  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH 6 months

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_  
20c. TIME OF INJURY \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from 3-4-58, to 4-7-58 and last saw her him alive on 4-6-58  
Death occurred at Home A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. McDonald, M.D. (Degree or title) 22b. ADDRESS Jackson, Mo. 22c. DATE SIGNED 4-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/8/58 23c. NAME OF CEMETERY OR CREMATORY Fairmont Cent 23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo

24. FUNERAL DIRECTOR ADDRESS Haman's Funeral Home Cape Girardeau Mo 25. DATE RECD. BY LOCAL REG. April 19, 1958 26. REGISTRAR'S SIGNATURE Mr. Homer E. Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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  .....

Licensed Embalmer No. 2863 .....

P. O. Address Cape Girardeau, 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.