

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031995

STATE FILE NUMBER

OCT 14 1958

Registration District No. 53

Primary Registration District No. 3009

Registrar's No. 471

Health,  
& Welfare  
Public  
Service

300  
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Cape</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jackson,</b>		c. CITY OR TOWN <b>Jackson, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jackson, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>North High</b>	
3. NAME OF DECEASED (Type or print) First <b>Dora</b> Middle <b>Ettia</b> Last <b>Eugas</b>		4. DATE OF DEATH Month <b>Sept</b> Day <b>21</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 3, 1882</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9b. AGE (In years last birthday) <b>76</b>	9c. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <b>76</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Yount Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>James P. Lee</b>	
14. MOTHER'S MAIDEN NAME <b>Susan Hahn</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Pertle Probst Jackson Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis, recurrent</b> DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (c) <b>Stroke</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7/20/58</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>(1) Left hemiplegia (2) gangrene right foot.</b>		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 <b>4:22</b> Month <b>1</b> Day <b>1</b> Year <b>1958</b>		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 <b>Jackson, Mo.</b>	
20g. COUNTY <b>Perry</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>April 16, 1948</b> to <b>Sept 21, 1958</b> and last saw her alive <b>Sept 6, 1958</b>		21b. Death occurred at <b>Jackson, Mo.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>J. H. Trolinger, M.D.</b> (Degree or title)		22b. ADDRESS <b>J. H. TROLINGER, M. D., JACKSON, MISSOURI</b>	
22c. DATE SIGNED <b>Sept 16, 1958</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Sept 23, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Yount</b>	
23d. LOCATION (City, town, or county) <b>Perry County Mo</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>G.C. Cracraft</b> ADDRESS <b>Jackson, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 4, 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Homer Cooper</b>			

(Licensed Embalmer's Statement on Reverse Side)

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. 4327

P. O. Address Jackson, 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.