Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000525
STATE FILE NUMBER

FILED FEB 5 1959 Registration District No. 53 Primary Registration District No. ..... Registrar's No. 37

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 Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Randol twp — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Cape Girardeau 0160 0 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R.F.D. # 1 — Length of stay in lb 49 yrs	d. STREET ADDRESS (If outside, give location) R.F.D. # 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Charles	Middle H.	Last Ussery	4. DATE OF DEATH Month Jan. Day 3, Year 1959
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH March 8, 1877
9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (City and state or country) Jonesboro, Illinois 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Sylvester Ussery	13b. MOTHER'S MAIDEN NAME Rebecca Kennedy	14. NAME OF HUSBAND OR WIFE Reona Peel Ussery	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Everett Ussery-Cape Girardeau, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis & benign prostatic hypertrophy

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ 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 May, 1956, to Jan. 3, 1959 and last saw him alive on Dec. 26, 1958. Death occurred at 1:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gerald M. Hotworth, M.D.	22b. ADDRESS 24 N. Spring Cape Girardeau, Mo.	22c. DATE SIGNED 1/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/6/1959	23c. NAME OF CEMETERY OR CREMATORY Iona Cemetery
23d. LOCATION (City, town, or county) (State) Oriole, Cape Gir., Mo.		
24. FUNERAL DIRECTOR ADDRESS L.L. Haman-Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG. Jan 29, 1959	26. REGISTRAR'S SIGNATURE Mrs. Homer 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.

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1959

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 L. L. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau,

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.