

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008651

STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 121

300
1-57

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		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1002 Maple		Length of stay in lb 36 yr	d. STREET ADDRESS (If outside, give location) 1002 Maple		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anthony Middle Columbus Last Statler			4. DATE OF DEATH Month April Day 2 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 12 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5 Days 20 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Worker		10b. KIND OF BUSINESS OR INDUSTRY Marquette Co.		11. BIRTHPLACE (City and state or country) Sedgewickville Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Daniel Statler		13b. MOTHER'S MAIDEN NAME Elizabeth Hanners		14. NAME OF HUSBAND OR WIFE Myrtle Statler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. I		16. SOCIAL SECURITY NO. 419-07-3072	17. INFORMANT Address Mrs Myrtle Statler, Cape Gir 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) Acute Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease					1 year
DUE TO (c) Generalized Arteriosclerosis					1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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.) 9	20f. CITY, TOWN, OR LOCATION Cape Girardeau, Mo.		STATE Missouri
21. I attended the deceased from 9-29-58 to 4-2-59 and last saw ^{her} him alive on 2-3-59 Death occurred at 6:30 P A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. H. Bealough M.D. (Degree or Title)			22b. ADDRESS Cape Girardeau, Mo.		22c. DATE SIGNED 4-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-4-59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
24. FUNERAL DIRECTOR ADDRESS Brinkopf Howell, Cape Gir Mo.		25. DATE RECD. BY LOCAL REG. 4-4-59		26. REGISTRAR'S SIGNATURE Irene Kaster	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

vacuor, 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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MAY 15 1959

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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 *W. H. Estes*

Licensed Embalmer No. *3568*
P. O. Address *Page 2 in 140*

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.