

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012561

STATE FILE NUMBER

FILED MAY 5 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 158

300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau 0164
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cape Southeast		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 1400 Jefferson
3. NAME OF DECEASED (Type or print) First Middle Last Hazel Beatrice Bucy			4. DATE OF DEATH Month Day Year April 27 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 17 1907
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 5 Days 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Factory		10b. KIND OF BUSINESS OR INDUSTRY International	11. BIRTHPLACE (City and state or country) Rector Ark
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Edward Bucy	13b. MOTHER'S MAIDEN NAME Elizabeth Brasher
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. 490-05-4580
17. INFORMANT Mrs Edward Bucy		Address Cape Girardeau 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) Polycystic Kidney Disease			INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Uremia			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonitis			7571
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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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
21. I attended the deceased from April 21, 1959 to April 27, 1959 and last saw her/him alive on April 27, 1959 Death occurred at 6:20 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Edward D Campbell</i> (Degree or title) M.D.		22b. ADDRESS Cape Girardeau, Missouri	22c. DATE SIGNED 4-29-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-30-1959	23c. NAME OF CEMETERY OR CREMATORY Lorimier	23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
24. FUNERAL DIRECTOR Brinkopf Howell, Cape Gir Mo.		25. DATE RECD. BY LOCAL REG. 4-30-59	26. REGISTRAR'S SIGNATURE <i>Drene Kasten</i>

2512 1-4 (2M)

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 Ed H. Ester

Licensed Embalmer No. 3568

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.