

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012591

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Cape Girardeau		5. SEX F		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 28 1888		9. AGE (In years last birthday) 70		10. MONTHS 4		10. DAYS 8		10. HOURS		10. MIN.					
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. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in 1b		d. STREET ADDRESS 604 Greensferry		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Jackson Mo. 0164		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last Magdalena I. Walters								4. DATE OF DEATH April 6 1959															
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Keepin; House		11. BIRTHPLACE (City and state or country) Bellevill Ill.				12. CITIZEN OF WHAT COUNTRY? U.S.A.															
13a. FATHER'S NAME George Neumann				13b. MOTHER'S MAIDEN NAME Magdalena Hemmen				14. NAME OF HUSBAND OR WIFE Wm. M. Walters															
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 Wm. M. Walters 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) Carcinoma of Pancreas												INTERVAL BETWEEN ONSET AND DEATH 8 mos.											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 157X																	
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.)				20f. CITY, TOWN, OR LOCATION		COUNTY		STATE											
21. I attended the deceased from Feb 16, 1958 to April 6, 1959 and last saw her alive on April 6, 1959												Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE J. H. Jaeger, M.D.				(Degree or title)				22b. ADDRESS Jackson, Mo.				22c. DATE SIGNED April 7, 1959											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-9-59		23c. NAME OF CEMETERY OR CREMATORY Memorial Park				23d. LOCATION (City, town, or county) East Jackson Mo.															
24. FUNERAL DIRECTOR Deneke-Laird Jackson Mo.				ADDRESS				25. DATE RECD. BY LOCAL REG. 4-10-1959		26. REGISTRAR'S SIGNATURE Greene Kasten													

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 24 1955

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 *R. O. Rain*

Licensed Embalmer No. *4538*

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.