

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004781

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 76

STATE FILE NUMBER

FILED VS FEB 27 1961

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Length of stay in 1b 18 DAYS	c. CITY OR TOWN ORAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SOUTHEAST MISSOURI HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) HICKMAN, KENTUCKY	
3. NAME OF DECEASED (Type or print) First KATIE Middle SOEHLIG Last SOEHLIG			4. DATE OF DEATH Month FEBRUARY Day 18 Year 1961		
5. SEX FEMALE	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 2-29-1899	9. AGE (last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) HICKMAN, KENTUCKY		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME WILSON JONES		13b. MOTHER'S MAIDEN NAME MARY HUGHES		14. NAME OF HUSBAND OR WIFE ALBERT SOEHLIG	
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 ALBERT SOEHLIG, ORAN, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma of Colon DUE TO (b) Carcinoma of Rt Colon DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m.	Month, Day, Year _____				
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 Oct. 10, 1956 to Feb 18, 1961 and last saw her ^{her} alive on Feb 18, 1961 Death occurred at 3:35 a m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Melvin I. Kaster M.D.			22b. ADDRESS 937 Broadway Cap. Quarter #		22c. DATE SIGNED 2-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-20-1961	23c. NAME OF CEMETERY OR CREMATORY FORREST HILL MEMORIAL GARDENS		23d. LOCATION (City, town, or county) MORLEY, MISSOURI	(State)
24. FUNERAL DIRECTOR EARL J. SMITH		ADDRESS ORAN, MISSOURI	25. DATE RECD. BY LOCAL REG. 2-23-1961	26. REGISTRAR'S SIGNATURE Glen Kaster	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 1 1961

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. 2676

P. O. Address ORAN, MISSOURI

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.