

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **179-61-012948**

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **179**

FILED MAY 2 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 Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON CAPE GIRARDEAU		c. CITY OR TOWN Jackson Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital		d. STREET ADDRESS (If outside, give location) Rural	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Theresa Middle Probst Last Probst		4. DATE OF DEATH Month April Day 14 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 Oct 18 1902
9. AGE (last birthday) 58		IF UNDER 1 YEAR Months 5 Day 26	IF UNDER 24 HR Hours 26 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Worker		10b. KIND OF BUSINESS OR INDUSTRY Roth Tobacco Co.	11. BIRTHPLACE (City and state or country) Cape Girardeau Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Columbus Abbott	
13b. MOTHER'S MAIDEN NAME Sophia		14. NAME OF HUSBAND OR WIFE Clark Probst	
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. UNKNOWN	17. INFORMANT Mr Clark Probst Address Jackson 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) Adenocarcinoma of breast			INTERVAL BETWEEN ONSET AND DEATH One year
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)			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 5:55 p.m. Month, Day, Year 2-25-61	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 Cape Girardeau, Missouri
21. I attended the deceased from 2-25-61 to 4-14-61 and last saw her ^{her} _{him} alive on 4-14-61		Death occurred at 5855 on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 24 No. Sprigg St. Cape Girardeau, Missouri	22c. DATE SIGNED 4/20/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-17-1961	23c. NAME OF CEMETERY OR CREMATORY Lorimier	23d. LOCATION (City, town, or county) Cape Girardeau Mo.
24. FUNERAL DIRECTOR Brinkopi Howell ADDRESS Cape Gir Mo.		25. DATE RECD. BY LOCAL REG. 4-29-61	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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. ...*

Licensed Embalmer No. 4994

P. O. Address *...*

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.

Embalmers