

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. AUG 3 1953 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ROLLINGER</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>24 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>MARBLE HILL</u>		0090
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP.</u>			d. STREET ADDRESS (If rural, give location) <u>NONE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>NINA</u>		b. (Middle) <u>MELVINA</u>	c. (Last) <u>ILLERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-17-53</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-24-1896</u>	9. AGE (In years last birthday) <u>56</u>	If UNDER 1 YEAR Months Days Hours Min. <u>6 21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HWF.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ROLLINGER Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>STACIA WISE CARVER</u>		13b. MOTHER'S MAIDEN NAME <u>MELVINA LUTES</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY A. ILLERS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HENRY A. ILLERS MARBLE HILL, MO.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last-- DUE TO (b) <u>Phlebotrombosis</u> DUE TO (c) <u>Pelvic abscess</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mths</u> <u>3 days</u> <u>2 wks.</u>
19a. DATE OF OPERATION <u>7-16-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Pelvic Abscess, Carcinoma of Sigmoid</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-23</u> , 19 <u>53</u> , to <u>7-17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-17</u> , 19 <u>53</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. N. Jager, M.D.</u>			23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED <u>7-22-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JACKSON CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>JACKSON MO.</u>		
DATE REC'D BY LOCAL REG. <u>7-28-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summer</u>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BAKER FUNERAL HOME LUTESVILLE</u>		

(Licensed Embalmer's Statement on Reverse Side)

140.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0-300
0-48

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

Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttsville, 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 this body is not embalmed, fact should be so stated above.