

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 4073 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Applecreek</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Applecreek</u>		d. STREET ADDRESS (If rural, give location) <u>5 mile N.W. Millerdale Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles N.W. Millerdale</u>		d. STREET ADDRESS (If rural, give location) <u>5 mile N.W. Millerdale Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>		b. (Middle) <u>OCTAVIA</u>	
		c. (Last) <u>STATLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 17, 1915</u>
9. AGE (In years last birthday) <u>39</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>near Millerdale Mo</u>
		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Seabough</u>	
		14. NAME OF HUSBAND OR WIFE <u>George W. Statler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Tom C. Moore</u> ADDRESS <u>Dak Ridge 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>Info. carcinoma</u>  ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
		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>Jan 1st, 1914</u> , to <u>Nov 4th, 1954</u> , that I last saw the deceased alive on <u>Nov 1st, 1954</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edw. Crites M.D.</u>		23b. ADDRESS <u>Sealgarville Mo</u>	
		23c. DATE SIGNED <u>11/7/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 5, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Daisy Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-10-54</u>		REGISTRAR'S SIGNATURE <u>D. J. Suber</u> ADDRESS <u>43 - 0</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Miller</u> ADDRESS <u>Jackson Mo</u>	

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

0160



**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 Lynn Steele

Licensed Embalmer No. 7476

P. O. Address Jackson

**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.