

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2130

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> / c. LENGTH OF STAY (In this place) <u>4 mo.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1407 S. Barrett</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u> d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Melissa</u> b. (Middle) <u>M.</u> c. (Last) <u>Wessendorf</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 21, 1870</u>	
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months <u>8</u> Days <u>11</u>		11. BIRTHPLACE (State or foreign country) <u>Warrenton, Mo. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>H. H. Wessendorf</u>				13b. MOTHER'S MAIDEN NAME <u>Eliza Wiemer</u>		14. NAME OF HUSBAND OR WIFE <u>None</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 <u>W. O. Schmidt</u> ADDRESS <u>5347 Nall, Mission, Kansas</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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatosis of abdomen</u> DUE TO (c) <u>Primary site unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>							
19a. DATE OF OPERATION <u>none</u>				19b. MAJOR FINDINGS OF OPERATION <u>156.1</u>			
20. AUTOPSY? YES ☐ NO ☒							
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 15, 1948</u> to <u>Feb 2, 1949</u> , that I last saw the deceased alive on <u>Feb 1, 1949</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. L. Walter</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>2-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-2-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Hooper</u> ADDRESS <u>Higginsville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number 22

Date Filed 2-11-49

AUG 20 1949

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.

Signed.....
Student Embalmer

Signed

Licensed Embalmer, No. 539

P. O. Address W. J. G. Sullivan

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.