

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14641

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Cernon 2</u>		2. USUAL RESIDENCE (Where deceased lived in institution residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wash. Twp. 29 7th St</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stark City rural 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #5</u>		d. STREET ADDRESS (If rural, give location) <u>R 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>HELLER</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4-19-49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>2-3-1878</u>
9. AGE (In years last birthday) <u>71</u> Months <u>2</u> Days <u>16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>McDonald Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Luck</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Sunderling</u>	
14. NAME OF HUSBAND OR WIFE <u>Widow</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>4200</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records, Nevada</u>	
17. ADDRESS <u>Hospital records, Nevada</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral thrombosis heart disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death <u>4200</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4200</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>11-19-1946</u> , to <u>4-19-1949</u> , that I last saw the deceased alive on <u>4-18-1949</u> , and that death occurred at <u>8:30 a.m.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>R. E. Wall M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>4-19-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Rocky Comfort, McDonald Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Jernigan</u>	
25. ADDRESS <u>Wheaton Missouri</u>		DATE REC'D BY, LOCAL REG. <u>April 19, 49</u>	
REGISTRAR'S SIGNATURE <u>Kathryn H. Wanczyk</u>		331 <u>Paul Jernigan</u>	
25. ADDRESS <u>Wheaton Missouri</u>		25. ADDRESS <u>Wheaton Missouri</u>	

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

RECEIVED

District Health Officer No. 7,

District File Number 3-49-43

Date Filed 4-25-49

**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 \_\_\_\_\_

James K. Duncan

Student Embalmer No. 308

working under my personal supervision.

Signed James K. Duncan  
Student Embalmer

Signed Wm. Morris Pope

Licensed Embalmer No. 3042

P. O. Address Wheaton, 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.