

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23504

FILED AUG 6 1949

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

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3089		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Memphr				
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) non resident		c. CITY (If outside corporate limits, write RURAL and give township) Wetmore		1099		
d. FULL NAME OF HOSPITAL OR INSTITUTION Robinson Clinic				d. STREET ADDRESS (If rural, give location) X 101				
3. NAME OF DECEASED (Type or Print) a. (First) Vera Beatrice b. (Middle) McCall c. (Last) McCall			4. DATE OF DEATH (Month) (Day) (Year) 7-15-49					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-13-1898	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Charles Jettgen		13b. MOTHER'S MAIDEN NAME Anna Henggebel		14. NAME OF HUSBAND OR WIFE Wayne McCall				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO.		17. INFIRMIANT'S SIGNATURE OR NAME ADDRESS Wayne McCall Wetmore Mo				
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) Cerebral Encephalomalacia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis of frontal DUE TO (c) Cerebral Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23. SIGNATURE Russell W. Russell M.D. S. Russell				23b. ADDRESS St. Joseph Hospital		23c. DATE SIGNED 7/15/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-16-49		24c. NAME OF CEMETERY OR CREMATORY Wetmore Cemetery		24d. LOCATION (City, town, or county) (State) Wetmore Kansas		
DATE REC'D BY LOCAL REG 7-16-49		REGISTRAR'S SIGNATURE Seraldine Helmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. Helton K. E. Kansas				

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 _____

Billy J. Skinner

Student Embalmer No. 320

working under my personal supervision.

Signed *Billy J. Skinner*
Student Embalmer

Signed *M. J. Swisher*

Licensed Embalmer No. 3505

P. O. Address Keokuk

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.