

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

454

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 5

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: name and address)<br>a. STATE <u>Missouri</u> COUNTY <u>Girardeau</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>                                      |  |
| c. LENGTH OF STAY (In this place) <u>9 days</u>  |  | d. STREET ADDRESS (If rural, give location) <u>825 N. Fountain</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>                    |  |   |  |

|   |                               |   |   |
|---|-------------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Elinor</u> | b. (Middle) <u>W.</u>         | c. (Last) <u>Bender</u>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan. 9 1950</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>June 7, 1892</u>                              |
| 9. AGE (In years last birthday) <u>57</u>                       |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (State or foreign country) <u>Wapakoneta, Ohio</u> |
| 10a. USUAL OCCUPATION   |                               | 10b. KIND OF BUSINESS OR INDUSTRY   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                        |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <u>August Wilder</u> | 13b. MOTHER'S MAIDEN NAME <u>Fredericka Schoor</u> | 14. NAME OF HUSBAND OR WIFE <u>Martin G. Bender</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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>M. G. Bender</u> ADDRESS <u>Cape Girardeau</u> |
|--|-------------------------------------|---|

|   |   |              |                                  |             |
|---|---|--------------|----------------------------------|-------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |              | INTERVAL BETWEEN ONSET AND DEATH |             |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Ca</u>   |              |                                  | <u>1946</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Ca of sigmoid</u> |              |                                  |             |
| II. OTHER SIGNIFICANT CONDITIONS*<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia - due to bilateral</u>   |   | <u>15.3X</u> | <u>1 yr</u>                      |             |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION <u>7-21-49</u>                | 19b. MAJOR FINDINGS OF OPERATION <u>Pyelonephritis - Rt. &amp; Lt. Urteral obstr</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) (m.) | 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 5-27 1946 to 1-9 1950, that I last saw the deceased alive on 1-9 1950, and that death occurred at 10:45a m., from the causes and on the date stated above.

|   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.M.D.</u> | 23b. ADDRESS <u>801a Broadway</u> | 23c. DATE SIGNED <u>1-14-50</u> |
|---|-----------------------------------|---------------------------------|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 11, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u> |
|---|--------------------------------|--|--|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>1-15-1950</u> | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | FUNERAL DIRECTOR'S SIGNATURE <u>J. Roberg</u> ADDRESS <u>Cape Girardeau, Mo.</u> |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

0164

RECEIVED

JAN 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-90

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

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.