

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7455

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>375</u>		PRIMARY REG. DIST. NO. <u>6277</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boone TWP</u>		c. LENGTH OF STAY (in this place) <u>57 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boone TWP. 1140</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>6 Miles North Hartville, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sherman</u>			b. (Middle) <u>Alva</u>		c. (Last) <u>Widner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 9 1950</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 17, 1892</u>		9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Hartville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Nick Widner</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Palmer</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Edna Widner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna Widner Hartville, 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>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  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>15 mins</u>  <u>331X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 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 <u>Feb 2</u> , 1950, to <u>Feb 2</u> , 1950, that I last saw the deceased alive on <u>Feb 2</u> , 1950, and that death occurred at <u>5:00P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J.R. Mott M.D.</u>				23b. ADDRESS <u>Hartville Mo</u>		23c. DATE SIGNED <u>2-18-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-15-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Hartville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 18, 1950</u>		REGISTRAR'S SIGNATURE <u>E. Garner</u>		346		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene E. Holden Hartville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

140

MAR 2 1950

MAR 7 1950

RECEIVED FEB 20 1950  
District Health Office No. 6,  
District File Number 250-240  
Date Filed 2-20-50

**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 Gene E. Aldren

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hartsville, Md

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.