

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12227

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 1216

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> 0164	
c. LENGTH OF STAY (in this place) <u>7 da</u>		d. STREET ADDRESS (If rural, give location) <u>1701 Lacy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dollie</u> b. (Middle) <u>Louise</u> c. (Last) <u>Woeltje</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 15 1881</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Days <u>1</u> 11. UNDER 1 YEAR Hours <u>10</u>
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, except retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas Hamilton</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Persons</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar G Woeltje Dec</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Freddie Rustig Jackson Mo</u> ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		ANTECEDENT CAUSES		260X - many years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
		DUE TO (c) <u>Diabetes Mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 Oct 17, 1949, to April 15, 1950, that I last saw the deceased alive on Apr 14, 1950, and that death occurred at 3:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. F. McDonald, M.D.</u>	23b. ADDRESS <u>Jackson, Mo</u>	23c. DATE SIGNED <u>4-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/19/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Methodist Ceme</u>	24d. LOCATION (City, town, or county) (State) <u>Old Coopers Mo</u>
DATE REC'D BY LOCAL REG. <u>4-17-1950</u>	REGISTRAR'S SIGNATURE <u>G. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seabough - Laird</u> ADDRESS <u>Jac Kison Mo.</u>

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

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RECEIVED

APR 24 1950

DISTRICT HEALTH OFFICE No. 6

File No. 450-610

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 *R. O. Laird*

Signed.....
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address *Jackson, 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.