

S. No. 300
V. 10-48

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20994

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 E. Hudson Street		d. STREET ADDRESS (If rural, give location) 209 E. Hudson Street	
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) CHRISTINE c. (Last) WICKLEIN			4. DATE OF DEATH (Month) (Day) (Year) June 23 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 24 1876
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Charles Nagel		13b. MOTHER'S MAIDEN NAME Anna Boege	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Sister Wicklein Wellsville 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* myocarditis and myocardial degeneration INTERVAL BETWEEN ONSET AND DEATH 1 year 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.	
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) _____	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>5-5</u> , 19 <u>50</u> , to <u>6-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-23</u> , 19 <u>50</u> , and that death occurred at <u>6</u> <u>A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS Wellsville Mo.	23c. DATE SIGNED 6/29/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/25/50	24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cem.	24d. LOCATION (City, town, or county) (State) Wellsville Montg. Mo
DATE REC'D BY LOCAL REG. 6/29/50	REGISTRAR'S SIGNATURE W. S. Roman	425	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Wellsville Mo

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

RECEIVED JUL 5 1960
District Health Officer No. 9,
District File Number.

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 self

Student Embalmer No. _____

working under my personal supervision.

Signed AB Kelle

Signed.....
Student Embalmer

Licensed Embalmer No. 4588

P. O. Address Kellerville 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.