

FILED AUG 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26167

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Harviell	
c. LENGTH OF STAY (in this place) 45 days		d. STREET ADDRESS (If rural, give location) Route # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff			

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) MAY c. (Last) WONDER			4. DATE OF DEATH (Month) (Day) (Year) 8/5/50					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 17, 1913	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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) BLOOMFIELD MO. /		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME W. R. Kirby		13b. MOTHER'S MAIDEN NAME MINERVA Nancy Kendrick		14. NAME OF HUSBAND OR WIFE Waldo Mathias Wonder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Waldo Mathias Wonder, Harviell, Mo.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day ? 152X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Jejunum DUE TO (c) Metastases		
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 June 18, 1950, to Aug 5, 1950, that I last saw the deceased alive on Aug 2, 1950, and that death occurred at 2 1/2 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank E. Duell M.D.		23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/8/50		24c. NAME OF CEMETERY OR CREMATORY Walker Cemetery		24d. LOCATION (City, town, or county) (State) Bloomfield, Missouri	
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DATE REC'D BY LOCAL REG. Aug 8 - 1950		REGISTRAR'S SIGNATURE Wm. H. Johnson		428		25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch, Poplar Bluff, Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 15 1950

BUTLER CO. HEALTH CENTER

FILE No. 850-336

REC'D
1950

AUG 17 1950

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 _____

Joseph R. Matlock

Student Embalmer No. 675

working under my personal supervision.

Student Joseph R. Matlock
Student Embalmer

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Buzzards } ss.

State File No. 26167-50
Local Registrar's No. 318

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23 day of SEPT., 1950, before me appears Waldo
Walter Wander, who, upon his oath, states that the original record of ~~birth~~ death
for Melba May Wander his wife died Died Aug. 5, 1950 in the State of
Missouri, and which was filed at Poplar Bluff on Aug 8, 1950, should be corrected as follows:

Item No. 11 should read Bloomfield mo.

Instead of Beaumont, Texas

Item No. 13b should read Minerva Hendrick

Instead of Mercy Hendrick

Item No. 17 should read

Instead of W.M. Wander gave correct information

Item No. 18a should read Starvation 7+ days

Instead of Hypertatic Pneumonia

Item No. 18c should read possible only, no examination to prove it.

Instead of

Item No. 19a should read June 27, for the banner operation.

Instead of

Item No. 22 should read all untrue! see letter enclosed.

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W.M. Wander Husband
Relationship.

Harwill mo. R.I.

Present Address.

Subscribed and sworn to before me this 23 day of SEPT., 1950

My Commission expires August 15, 1953 M.E. Howell Notary Public.

DEC 1 1954