

FILED NOV 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32959

0210

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

BIRTH NO. _____		REG. DIST. NO. <u>45</u>		PRIMARY REG. DIST. NO. <u>32-57</u>		Registrar's No. <u>97</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mendon Mo (Rural)</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mendon (Rural)</u>		0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Barbara</u> c. (Last) <u>Wald</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 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>Feb'y 11 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	IF UNDER 60 YRS. House Min.
10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired). <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Highland, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Barney Reigelsberger</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Zahner</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>P. B. Wald Mendon, Mo.</u>		ADDRESS	
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, asphyxia, 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: <u>Hypertension</u> 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>10 hours.</u> <u>16 months.</u> <u>331X</u>	
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) <u>Chariton Co. Mo.</u>			
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>Nov. 18, 1949</u> , to <u>Oct. 6, 1950</u> , that I last saw the deceased alive on <u>Oct. 6, 1950</u> , and that death occurred at <u>20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. W. H. Payne, D.O.</u>				23b. ADDRESS <u>Mendon, Mo.</u>		23c. DATE SIGNED <u>10/9/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Raphael</u>		24d. LOCATION (City, town, or county) (State) <u>Indian Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-9-50</u>		REGISTRAR'S SIGNATURE <u>Mildred Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Leiper</u>		ADDRESS <u>Mendon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 27 1950

Date Received: NOV 2 1950
DISTRICT HEALTH OFFICE #7
District File Number 11-50-183
Date Filed: NOV 6 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, as by

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed S. L. Leonard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.