

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23784

FILED JUL 26 1951

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 4333 State File No. 3046 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Erion</u> <u>Burkeston</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELIZABETH A.</u>	b. (Middle)	c. (Last) <u>WETZER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14-51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>AUG 8-1875</u>	9. AGE (In years last birthday) <u>75</u>	10. MONTHS	11. DAYS	12. HOURS	13. 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		11. BIRTHPLACE (State or foreign country) <u>Versailles Mo.</u>		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>Rev. L. Naples</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Connor</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Levy Betty Erion Mo.</u>	18. ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>10 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		
	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 <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 12, 1949, to July 14, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 4:08 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Keryin Latham M.D.</u> (Degree or title)	23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>7-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OLEAN. CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Olean Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-16-51</u>	REGISTRAR'S SIGNATURE <u>N.R. Popejoy L.R. 202</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Steffens</u> ADDRESS <u>Burkeston Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-25-51

MAN 6 1951

SEP 12 1951

AUG 11 1951

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.

Student
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 2307

P. O. Address *[Address]*

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.