

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29371

FILED SEP 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5004 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ADAIR</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - NINEVEH</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - NINEVEH TWP 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JMI N NOVINGER</b>		d. STREET ADDRESS (If rural, give location) <b>3 MI N NOVINGER</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <b>JULIA</b>	b. (Middle) <b>ANN</b>	c. (Last) <b>WENSEL</b>	<b>SEPT 6 1951</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MARCH 16 1873</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEKEEPING</b>		11. BIRTHPLACE (State or foreign country) <b>DOUGLAS CO - MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>WILLIAM H. SANDERS</b>		13b. MOTHER'S MAIDEN NAME <b>VINA WILLIAMS</b>		14. NAME OF HUSBAND OR WIFE <b>OBADIAH WENSEL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HARVEY DECKER NOVINGER - MO</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of uterus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
	ANTECEDENT CAUSES Morbidity 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 <b>174X</b>	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) <b>174X</b>
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 **Jan 1951**, to **Sept 6, 1951**, that I last saw the deceased alive on **Aug 15, 1951**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>A. J. Garrison M.D.</b>		23b. ADDRESS <b>Novinger MO</b>		23c. DATE SIGNED <b>9-7-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9/8-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NOVINGER CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>NOVINGER MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>9-19-51</b>	REGISTRAR'S SIGNATURE <b>Wate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. H. Hurdland MO</b>		

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

Date Received: SEP 24 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 9-51-1692  
Date Filed: SEP 24 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. 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.