

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

7956

State File No.

FILED MAR 18 1952

BIRTH NO.		REG. DIST. NO. 115		PRIMARY REG. DIST. NO. 5433		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived - If institution: residence before admission). a. STATE Mo b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Union		c. LENGTH OF STAY (If in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) Rural Union		036	
d. FULL NAME OF HOSPITAL OR INSTITUTION Beaufort Mo RHR				d. STREET ADDRESS (If rural, give location) Beaufort Mo RHR			
3. NAME OF DECEASED (Type or Print) Mary		a. (First) Mary		b. (Middle) A		c. (Last) Walder	
4. DATE OF DEATH (Month) (Day) (Year)		March 14 1952		5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Never married		8. DATE OF BIRTH Oct 9 1896		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Beaufort Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Walde		13b. MOTHER'S MAIDEN NAME Mary Birke		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. - - -		17. INFORMANT'S SIGNATURE OR NAME Josephine Sieges, Beaufort Mo		ADDRESS Beaufort Mo	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Liver				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, gall bladder				18 mos	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1561					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma, gall bladder & Liver				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) 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 Jan 19 1952 to Mar 14 1952, that I last saw the deceased alive on Feb 2 1952 and that death occurred at 2:35 p.m., from the causes and on the date stated above.							
23a. SIGNATURE E. M. Munch (Degree or title) M.D.				23b. ADDRESS Washington Mo		23c. DATE SIGNED 2-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar 17 1952		24c. NAME OF CEMETERY OR CREMATORY St Joseph Cath		24d. LOCATION (City, town, or county) (State) Neer Mo	
DATE REC'D BY LOCAL REG. Mar 15 1952		REGISTRAR'S SIGNATURE J. I. Cooper E.C. 98		25. FUNERAL DIRECTOR'S SIGNATURE E. H. Lemme		ADDRESS Beaufort Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1952

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
Student Embalmer

Student Embalmer No.

Signed E H Jermine

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.