

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13783

State File No.

APR 29 1952

BIRTH NO.

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 3052

Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cole Camp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Memorial		d. STREET ADDRESS (If rural, give location) --	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) ----	
		c. (Last) Wenig	
		4. DATE OF DEATH (Month) (Day) (Year) April 16th 1952	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH May 19th 1871	
9. AGE (in years last birthday) 80		IF UNDER 1 YEAR Months 10	
		IF UNDER 24 HRS. Days 27 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Linstrot		13b. MOTHER'S MAIDEN NAME Fendean Elkman	
14. NAME OF HUSBAND OR WIFE John Albert Wenig			
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. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Garnet		ADDRESS Cole Camp Mo	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ac. Parotitis</i> INTERVAL BETWEEN ONSET AND DEATH 4 da. ANTECEDENT CAUSES 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. <i>Malignant Hypertension</i>	
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) 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 <i>Mar 22, 1952</i> to <i>Apr 16, 1952</i> , that I last saw the deceased alive on <i>4-15, 1952</i> , and that death occurred at <i>7:00 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. W. Boyer M.D.</i> (Degree or title)		23b. ADDRESS <i>Sedalia Mo</i>	
23c. DATE SIGNED <i>4/17/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>Apr 19th 1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Zion Lutheran Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lincoln Missouri</i>	
DATE REC'D BY LOCAL REG. <i>4/19/52</i>		REGISTRAR'S SIGNATURE <i>W. W. Boyer M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>E. L. Eichwald</i>		ADDRESS <i>Cole Camp Mo</i>	

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.