

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17124

550
1

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5648 Registrar's No. 68

1. PLACE OF DEATH *Home*
a. COUNTY *Lawrence*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE *Missouri* b. COUNTY *Lawrence*

b. CITY (If outside corporate limits, write RURAL and give township) *(Rural) Mt Pleasant* c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) *Mt Pleasant (Rural)*

d. FULL NAME OF HOSPITAL OR INSTITUTION _____ d. STREET ADDRESS (If rural, give location) *7 mi N.W. Mount Pleasant*

3. NAME OF DECEASED
a. (First) *Emma* b. (Middle) *Matilda* c. (Last) *Worm*

4. DATE OF DEATH (Month) (Day) (Year) *May 22 1952*

5. SEX *Female* 6. COLOR OR RACE *Wh* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Widowed* 8. DATE OF BIRTH *Feb - 21 - 1874* 9. AGE (In years last birthday) *78* 10. UNDER 1 YEAR Months *3* 11. UNDER 1 HR. Hours *1* 12. UNDER 15 MIN. Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife* 10b. KIND OF BUSINESS OR INDUSTRY *Housewife* 11. BIRTHPLACE (City and State or Foreign Country) *St Paul Ill.* 12. CITIZEN OF WHAT COUNTRY? *U.S.*

13a. FATHER'S NAME *Earnest Fellwock* 13b. MOTHER'S MAIDEN NAME *Theresa - unknown* 14. NAME OF HUSBAND OR WIFE *William (Deceased)*

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. *none* 17. INFORMANT'S SIGNATURE OR NAME *Mrs Alvin Moennig* 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Myocardial Infarction*

ANTECEDENT CAUSES
As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) *Cerebral Thrombosis with Hemiplegia*
DUE TO (c) *Hypertension*

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes

INTERVAL BETWEEN ONSET AND DEATH
3 mo
5 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) *331X*

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *9/7 1949*, to *5/21 1952*, that I last saw the deceased alive on *5/4 1952* and that death occurred at *2:40 p.m.*, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) *Samuel Glover MD* 23b. ADDRESS *Mt Vernon, Mo.* 23c. DATE SIGNED *5/26/52*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *5-26-52* 24c. NAME OF CEMETERY OR CREMATORY *Freistatt Cemetery* 24d. LOCATION (City, town, or county) (State) *Freistatt-Lawrence Mo*

DATE REC'D BY LOCAL REG. *May 29 1952* REGISTRAR'S SIGNATURE *Clair Hendricks* 25. FUNERAL DIRECTOR'S SIGNATURE *L. D. Buchanan* ADDRESS *Mount Pleasant Mo*

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

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 J. D. Buchanan

Licensed Embalmer No. 3129

P. O. Address Morett 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.