

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21426

State File No. ....

FILED JUN 19 1952

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>189</u>	
1. PLACE OF DEATH* a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>8 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>		<u>0087</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Catherinen</u> c. (Last) <u>Junge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1952</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u>	8. DATE OF BIRTH <u>April 14, 1901</u>		9. AGE (In years last birthday) <u>51</u>	10. UNDER 1 YEAR <u>1</u>	11. UNDER 4 HRS. <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eugene Joseph</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Wenig</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Junge, Cole Camp, Mo.</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforating Carcinoma of Recto sigmoid</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unk.</u> <u>unk.</u> <u>unk.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>154X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 <u>12 June, 1952</u> to <u>12 June, 1952</u> , that I last saw the deceased alive on <u>12 June, 1952</u> and that death occurred at <u>9:11 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl Meier M.D.</u>				23b. ADDRESS <u>1216 West 18th St. Sedalia Mo.</u>		23c. DATE SIGNED <u>13 June 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 15 '52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6/15-1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Jessy</u> ADDRESS <u>Cole Camp Mo.</u>			

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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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Harold Spens*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4097*

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.