

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23461

State File No.

JUL 8 1952

BIRTH NO.

REG. DIST. NO. 304

PRIMARY REG. DIST. NO. 0237 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Hickory Grove</u>		c. LENGTH OF STAY (in this place) <u>56</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Hickory Grove, 1080</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 miles South of Louistell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>SUSAN</u> c. (Last) <u>WINGFIELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 26 1952</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 6, 1863</u>	9. AGE (in years last birthday) <u>89</u>	if UNDER 1 YEAR Months <u>0</u>	if UNDER 24 HRS. Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Home</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Hill</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Gaddy</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Julia N. Wingfield</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr Myocarditis.</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Interstitial Nephritis</u>					<u>5 yr</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					<u>2 yr</u>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Impairment of old age</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 22 23</u>					20. AUTOPSY? YES <input 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>Feb 1, 1951</u> , to <u>June 26, 1952</u> , that I last saw the deceased alive on <u>June 25, 1952</u> , and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. C. Johnson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Marthasville, MO</u>		23c. DATE SIGNED <u>6/26/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>burial</u>		<u>June 26, 1952</u>		<u>Oak Grove Cemetery</u>		<u>St. Louis County, MO</u>	
DATE REC'D BY LOCAL REG. <u>June 27-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Forrest W. Hughes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Marschen</u>		ADDRESS <u>not in register</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Was not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Howard O. Kessler*

Licensed Embalmer No. *4631*

P. O. Address *Wentzville, 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.