

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31419**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **45**

0420

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

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Windsor</b>	c. LENGTH OF STAY (in this place) <b>25 years</b>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Windsor</b>	<b>0420</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>609 S. Main</b>		d. STREET ADDRESS (If rural, give location) <b>609 S. Main</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>IRETTA</b>	b. (Middle) <b>MAY</b>	c. (Last) <b>WESNER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 22 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 23 1876</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Cole County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Almond Herrick</b>	13b. MOTHER'S MAIDEN NAME <b>Kate Bennett</b>	14. NAME OF HUSBAND OR WIFE <b>Clarence E. Wesner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence E. Wesner, Windsor, Mo.</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	<b>4222</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **Jan 1, 1952**, to **Sept 22, 1952**, that I last saw the deceased alive on **Sept 1, 1952**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Raymond Jordan</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Windsor, Mo.</b>	23c. DATE SIGNED <b>9-22-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-24-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>	24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Sept. 22. 52</b>	REGISTRAR'S SIGNATURE <b>Florence Adams</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston Turner</b>	ADDRESS <b>Windsor, Mo.</b>
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**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 *William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Windsor, 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.