

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31585

State File No. ....

FILED SEP 27 1952

4080

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4080</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Wisc</u> b. COUNTY <u>MANITOWOC</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>May 1952</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MANITOWOC</u>		8-480 X <sup>o</sup>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARYS Hospital</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elisabeth</u> b. (Middle) <u>Tekla</u> c. (Last) <u>Dwyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-15-52</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>Dec 7-1889</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Honawife</u>		11. BIRTHPLACE (State or foreign country) <u>MANITOWOC Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Casper Stocking</u>		13b. MOTHER'S MAIDEN NAME <u>Kathleen Goetzler</u>		14. NAME OF HUSBAND OR WIFE <u>David Dwyer</u>				
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>RD Dwyer M.D.</u>		ADDRESS <u>N.K.C. Mo.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			5705	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bowel obstruction</u> <u>Carcinoma of colon</u>			2 mos 8 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Bowel obstruction due to adhesions</u>				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 <u>7-15</u> , 19 <u>52</u> to <u>9-15</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-15</u> , 19 <u>52</u> , and that death occurred at <u>11:25 A.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Martin J. Mueller</u> (Degree or title) <u>Martin J. Mueller M.D.</u>				23b. ADDRESS <u>934 Angyle Bldg</u>		23c. DATE SIGNED <u>9-15-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-9-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cem</u>		24d. LOCATION (City, town, or county) (State) <u>MANITOWOC Wisc</u>		
DATE REC'D BY LOCAL REG. <u>9-16-52</u>		REGISTRAR'S SIGNATURE <u>Eveline Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. Newcomer</u>		ADDRESS <u>N.K.C. Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Henry A. Hill

Licensed Embalmer No. 4586

P. O. Address Quendale, Md.

**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.