

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34539**

No. 300  
10.48

LED NOV 10 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **267**

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

1. PLACE OF DEATH a. COUNTY <b>COLE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MARIE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. LENGTH OF STAY (In this place) <b>26 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>VIENNA</b>		OR TOWN <b>063</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHAS. E. STILL OSTEOPATHIC HOSP.</b>			d. STREET ADDRESS (If rural, give location) <b>1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>NETTIE</b> b. (Middle) <b>M.</b> c. (Last) <b>WANSING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 5 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Dec. 23, 1889</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>12</b>
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 (City and State or Foreign Country) <b>Vienna, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Frank Kuensting</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Luke</b>		14. NAME OF HUSBAND OR WIFE <b>Peter Wansing</b>	
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>Paul J. Wansing</b>			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>  ANTECEDENT CAUSES DUE TO (b) <b>Arterio-sclerosis.</b> DUE TO (c) <b>Hypertension</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 Min.</b>  <b>?</b>  <b>?</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <b>447 X</b>				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) (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 <b>10 Oct.</b> , 1952, to <b>5 Nov.</b> , 1952, that I last saw the deceased alive on <b>5 Nov.</b> , 1952, and that death occurred at <b>7:11 A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>James G. Miller</b>			23b. ADDRESS <b>D.O. 227 Jefferson, Jefferson City</b>	23c. DATE SIGNED <b>5 Nov. 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Nov. 8, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Visitation Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Vienna, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Nov 6-1952</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis M.D. - MR.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. R. Cunningham</b>		
			ADDRESS <b>Vienna Mo</b>		

**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

*H. C. Bunnifant*

Licensed Embalmer No. *3664*

P. O. Address *Verona 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.