

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8761

State File No.

No. 300
10. 48

FILED MAR 27 1953

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5111</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>ROLLINGER</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEOPOLD</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>ROLLINGER</u>	
c. LENGTH OF STAY (In this place) <u>LIFETIME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEOPOLD</u>		d. STREET ADDRESS <u>NO STREET ADDRESS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO STREET ADDRESS</u>				d. STREET ADDRESS <u>NO STREET ADDRESS</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>FRANCES</u>		b. (Middle) <u>NENNINGER</u>		c. (Last)		3-20-1953	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-18-1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Days <u>2</u>	IF UNDER 1 MIN. Hours <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.F.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ROLLINGER Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY WUBKER</u>		13b. MOTHER'S MAIDEN NAME <u>ROSENA DEBROCK</u>		14. NAME OF HUSBAND OR WIFE <u>AUGUST NENNINGER</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 ADDRESS <u>AUGUST NENNINGER LEOPOLD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Atherosclerosis</u>					
		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 <u>4500</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>2/1</u> , 19 <u>52</u> , to <u>3/19/53</u> , that I last saw the deceased alive on <u>3/19/53</u> , 19 <u>53</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Myers</u> (Degree or title)				23b. ADDRESS <u>Fentville Mo</u>		23c. DATE SIGNED <u>3/20/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LEOPOLD Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 24 53</u>		REGISTRAR'S SIGNATURE <u>Willie VanCumber</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BAKER FUNERAL HOME, LUTESVILLE, Mo.</u>			

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

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Mr. Myers

APR 7 1953

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.