

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17170

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 644

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|--|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan 01174</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan 0117</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>75 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | d. STREET ADDRESS (If rural, give location) <u>209 Victorian Court</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Brock Nursing Home, 1309 N. 10th Street</u> | | | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lalla</u> b. (Middle) <u>Sorge</u> c. (Last) <u>Wing</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1953</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 18, 1871</u> | | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HRS. Hours | IF UNDER 1 HRS. Min. |
|-------------------------|----------------------------------|--|---|--|--|---------------------------|-------------------------|--------------------------|-------------------------|

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| 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>At home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Oscar Sorge</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schoeffer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jerome G. Wing</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. B. Hilliard</u> | | | ADDRESS <u>St. Joseph, Mo</u> | | |
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| 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) <u>Arteriosclerosis, generalized</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4500</u> | | | | 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? | |
|--|--|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from 3/23, 1953 to 6/4, 1953 that I last saw the deceased alive on 5/27, 1953 and that death occurred at 5:30A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Thos Redwood, MD</u> | | 23b. ADDRESS <u>St Joseph, Mo</u> | | 23c. DATE SIGNED <u>6/5/53</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 6, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u> | | |
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| DATE REC'D BY LOCAL REG. <u>June 11, 1953</u> | REGISTRAR'S SIGNATURE <u>Kathie M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoffer Fleeman, Inc. St. Joseph, MO</u> | | |
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(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

Albert R. Harkness

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.