

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31568**

FILED OCT 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 928

0390

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Brookline</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Hartville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield RFD 7</b>		e. STREET ADDRESS (If rural, give location) <b>Hartville, Missouri</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARVE</b>		b. (Middle)	c. (Last) <b>WIDNER</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 3, 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 14, 1878</b>
9. AGE (In years last birthday) <b>75</b>		# UNDER 1 YEAR Months	# OVER 1 YEAR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Andrew Widner</b>		13b. MOTHER'S MAIDEN NAME <b>Lottie Robberson</b>	14. NAME OF HUSBAND OR WIFE <b>Mittie Widner</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sanford Widner Rt 7 Springfield Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myelogenous Leukemia</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	
20. AUTOPSY? YES <input checked="" 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)		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>July 14, 1953</u> to <u>Sept 18, 1953</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:20 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE <b>James T. Add</b>		23b. ADDRESS (Degree or title) <b>M.D. 9 Holland Rd</b>	23c. DATE SIGNED <b>10-5-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal Burial</b>		24b. DATE <b>Oct. 3, 53</b>	24c. NAME OF CEMETERY OR CREMATION OR REMOVAL LOCATION (City, town, or county) (State) <b>Little Creek Cemetery Wright Co. Missouri</b>
DATE REC'D BY LOCAL REG. <b>10-5-53</b>		REGISTRAR'S SIGNATURE <b>Ernest Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Simpson Funeral Home-Hartville 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.....  
Signature of Student Embalmer

Signed..... *Ogle Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.