

FILED OCT 1 - 1953

STANDARD CERTIFICATE OF DEATH 5767

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL -South River</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL * South River Twnsp.</b>	
c. LENGTH OF STAY (In this place) <b>48 yrs.</b>		0640	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>RFD #2, Palmyra, Missouri</b>		d. STREET ADDRESS (If rural, give location) <b>2 mi. SE Woodland, Missouri</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ellen</b>	b. (Middle) <b>Weinand</b>	c. (Last) <b>Kespohl</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept, 13 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>17 Feb. 1863</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>George Weinand</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Wintker</b>	14. NAME OF HUSBAND OR WIFE <b>K Frederick Kespohl</b>
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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>Arthur Kespohl, RT. 2, Palmyra, Mo.</b>	ADDRESS
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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, ashenia, 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) <b>Pulmonary embolism</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: DUE TO (b) <b>leg thrombosis</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? <b>466X</b> YES <input type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from **9 Sept, 1953**, to **12 Sept, 1953**, that I last saw the deceased alive on **12 Sept, 1953**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wyeth Hamlin</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Palmyra Mo.</b>	23c. DATE SIGNED <b>22 Sept 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>16 Sept 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Palmyra, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-24-53</b>	REGISTRAR'S SIGNATURE <b>Dr. Em. Lucke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lewis Brothers - Palmyra, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED **SEP 29 1958**  
MARION CO. HEALTH DEPT.  
DATE FILED **SEP 29 1958**

**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 George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Shmyer, 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.