

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5647 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freistatt</u>		c. LENGTH OF STAY (In this place) <u>71 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freistatt</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freistatt</u>				d. STREET ADDRESS (If rural, give location) <u>Freistatt</u>									
3. NAME OF DECEASED (Type or Print) <u>MINNIE WENDLER</u>			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 23, 1878</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>		IF UNDER 1 MIN. Hours _____ Mins. _____	
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>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Venedy, Ill.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Aufdembrink</u>				13b. MOTHER'S MAIDEN NAME <u>Carolina Grabenkrueger</u>				14. NAME OF HUSBAND OR WIFE <u>Frank O. Wendler</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank O. Wendler</u> ADDRESS <u>Freistatt, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of abdomen with primary due to (b) <u>in Rt. Ovary + tube.</u></u>								INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <u>Chr. myocarditis 175x</u>								3 + yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Omentum, peritoneum, pelvis + lymph glands</u>								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)		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>4/22 1980</u> to <u>1/20, 1953</u> , that I last saw the deceased alive on <u>12/20, 1953</u> , and that death occurred at <u>12 noon</u> m., from the causes and on the date stated above.													
23. SIGNATURE <u>Bennett Glover</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Mo. Vernon, Mo</u>				23c. DATE SIGNED <u>12/2/53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 22, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Church Cem</u>				24d. LOCATION (City, town, or county) (State) <u>Lawrence County Mo.</u>					
DATE REC'D BY LOCAL REG. <u>12-23-53</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Buchanan</u> ADDRESS <u>Mount Vernon, Mo</u>							

(Licensed Embalmers' Statement on Reverse Side)

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

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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 .....  
Student Embalmer

Signed J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.