

FILED JAN 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2427

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 6010		Registrar's No. 8	
1. PLACE OF BIRTH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, institution name) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this case) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly Sugar Creek Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rd 10 E, Highway 63 South</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 63 South</u>				d. STREET ADDRESS (If rural, give location) <u>Rd 10 E, Highway 63 South</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arnold</u> b. (Middle) <u>Widmer</u> c. (Last) <u>Widmer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-10-54</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>11-2-1893</u>	
9. AGE (In years) (last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Army</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lauren Widmer</u>		13b. MOTHER'S MAIDEN NAME <u>Schmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Widmer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (Date of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>was</u>		17. DECEASED'S SIGNATURE OR NAME <u>Ethel Widmer, Moberly 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic hyp condition</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>  <u>2 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</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) (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>May 1, 1953</u> , to <u>Jan 9, 1954</u> , that I last saw the deceased alive on <u>Jan 9, 1954</u> , and that death occurred at <u>1:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Dreyfus</u>			23b. ADDRESS <u>Hunterville Mo</u>		23c. DATE SIGNED <u>1/11/54</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>1-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Summit Mem. Garden</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-11-54</u>		REGISTRAR'S SIGNATURE <u>Leah Bellman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion E. Mellian</u>		ADDRESS <u>Moberly Mo</u>	

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

*Marion E. Milligan*

Licensed Embalmer No. *3957*

P. O. Address *Woburn, 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.