

STANDARD CERTIFICATE OF DEATH

State File No. **17727**

FILED MAY 17 1954

BIRTH NO. _____ REG. DIST. NO. **363** PRIMARY REG. DIST. NO. **6736** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) Rural (Charrette)		c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION South of Warrenton		No. STREET ADDRESS (If rural, give location) South of Warrenton	
3. NAME OF DECEASED (Type or Print) a. (First) Adena (Dena) b. (Middle) Wilhelmine c. (Last) Sandmeyer		4. DATE OF DEATH (Month) (Day) (Year) May 11, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 24, 1892
9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 10 Days 17	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Ernst Sandmeyer		13b. MOTHER'S MAIDEN NAME Wilhelmine Unverzegt	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Sandmeyer, R.R.#1, Warrenton, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEIDMYO SARCOMA - UTERUS WITH METASTASIS INTERVAL BETWEEN ONSET AND DEATH ? 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. 174 X	
19a. DATE OF OPERATION 4-7-54	19b. MAJOR FINDINGS OF OPERATION LARGE UTERINE MASS WITH METASTASES THROUGHOUT THE ABDOMINAL VISCERA		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 3-8-54 to 5-12-54 , that I last saw the deceased alive on 3-8-54 , and that death occurred at 11:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. Walker Epperson, M.D.		23b. ADDRESS Warrenton, Mo.	23c. DATE SIGNED 5-12-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-14-54	24c. NAME OF CEMETERY Lippstadt E & R Church	24d. LOCATION (City, town, or county) (State) Warren County, Mo.
DATE REC'D. BY LOCAL REG. 5/13/54	REGISTRAR'S SIGNATURE A. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F.W. Nieburg & Co., Warrenton, Mo.	

(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.....
Signature of Student Embalmer

Signed *John J. Lieburg*.....
Licensed Embalmer No. *389*

P. O. Address *Warrington*

**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.**