

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 47

1. PLACE OF DEATH
 a. COUNTY Henry
 b. CITY (If outside corporate limits, write RURAL, and give town(ship)) Clinton
 c. LENGTH OF STAY (In this place) 3 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Missouri b. COUNTY Benton
 c. CITY (If outside corporate limits, write RURAL and give township) Lincoln pp 80
 d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
 a. (First) ANNAMARIA b. (Middle) HELENA c. (Last) MEUSCHKE
 4. DATE OF DEATH (Month) (Day) (Year)
July 18, 1954

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
 8. DATE OF BIRTH JUNE 6, 1872 9. AGE (In years) (last birthday) 82 (Months) 1 (Days) 12 (Hours) (Mins.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
 10b. KIND OF BUSINESS OR INDUSTRY Home
 11. BIRTHPLACE (City and State or Foreign Country) Lincoln, Mo
 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Fred Boxen 13b. MOTHER'S MAIDEN NAME AMALIA Perry 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Clarence Meuschke ADDRESS Lincoln, 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) Pulmonary Embolism
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Post-surgical Partial Omentectomy
 DUE TO (c) Adenosarcoma
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
10 min.
40 hr.
unknown

19a. DATE OF OPERATION 7-16-54 19b. MAJOR FINDINGS OF OPERATION Adenosarcoma infiltration of abdominal cavity 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 15, 1954, to July 18, 1954, that I last saw the deceased alive on July 18, 1954, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or M.D.) Robert H. Marshall, M.D. 23b. ADDRESS Clinton, Mo. 23c. DATE SIGNED 7/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 20, 1954 24c. NAME OF CEMETERY OR CREMATORY Zion Lutheran 24d. LOCATION (City, town, or county) (State) Lincoln Benton Co Mo

DATE REC'D BY LOCAL REGISTRY July 20-54 REGISTRY'S SIGNATURE Florence Adair 422 25. FUNERAL DIRECTOR'S SIGNATURE John F. Reser ADDRESS Lincoln

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 _____

John J. Reese

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.