

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26503**

FILED AUG 23 1954 REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **308**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau 7th</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Byrd</b>		d. STREET ADDRESS (If rural, give location) <b>3 mi S-W Jackson mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hosp</b>		3. NAME OF DECEASED a. (First) <b>Minnie</b> b. (Middle) <b>Sophia</b> c. (Last) <b>Wendel</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 14 1954</b>		5. SEX <b>F</b>	
6. COLOR OR RACE <b>W</b>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec-23-1881</b>		9. AGE (In years last birthday) <b>72</b> MONTHS <b>7</b> DAYS <b>21</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Keeping Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Fritz Suedekum</b>		13b. MOTHER'S MAIDEN NAME <b>Agusta Vasterling</b>	
14. NAME OF HUSBAND OR WIFE <b>Jacob Wendel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jacob Wendel</b> ADDRESS <b>Jackson mo</b>	
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) <b>Cerebral Thrombosis</b> ANTECEDENT CAUSES <b>Diabetes</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		260X	
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 <b>Jan 1 1950</b> to <b>Aug 14 1954</b> , that I last saw the deceased alive on <b>Aug 14 1954</b> , and that death occurred at <b>4:30 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>D. C. Semmes</b> (Degree or title)		23b. ADDRESS <b>Jackson mo</b>	
23c. DATE SIGNED <b>8-14-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Aug 16 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Tilset Evangelic</b>	
24d. LOCATION (City, town, or county) (State) <b>Tilset MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Deneke-Laird</b> ADDRESS <b>Jackson mo</b>	
DATE REC'D BY LOCAL REG <b>8-16-54</b>		REGISTRAR'S SIGNATURE <b>W. C. Semmes</b> ADDRESS <b>44-0</b>	

**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 R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.