

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10-48

FILED NOV 16 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. CITY OR TOWN <u>Rolla</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 days</u>		e. STREET ADDRESS (If rural, give location) <u>Stuart Apartments 0th &amp; Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Mem. Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GRETA</u>	b. (Middle) <u>FAY</u>	c. (Last) <u>WENNEKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 12, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>November 28, 1906</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk-Secretary</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Geo. Survey</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Quincy, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Clemence Wenneker</u>	13b. MOTHER'S MAIDEN NAME <u>Myra Colwell</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Yes</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myra Wenneker</u>	ADDRESS <u>Rolla, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>8 to 10 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of colon (sigmoid)</u>		
	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 <u>metastasis to liver</u> 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"/>
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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) <u>Rolla Mo</u>
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 past year, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 11-12, 1954, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Feind M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Rolla Mo</u>	23c. DATE SIGNED <u>11-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Quincy, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 13, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	390	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>	ADDRESS <u>Null &amp; Sons Funeral Home</u>	Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 23 1954

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..... Paul E. [Signature]

Licensed Embalmer No..... 44

P. O. Address..... Holla

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.