

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7605  
Registrar's No. 29 (23)

BIRTH NO.		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>29 (23)</u>	
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAMERON</u>		c. LENGTH OF STAY (In this place) <u>13 days</u>		c. CITY OR TOWN <u>CAMERON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAMERON Community Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>R.F. 10 2th CAMERON MO.</u>			
3. NAME OF DECEASED (Type or Print) <u>MARtha</u>		a. (First) <u>MARtha</u>		b. (Middle) <u>Carroll</u>		c. (Last) <u>Wendel</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3 2 55</u>		5. SEX <u>f</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>3-25-1878</u>		9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Print Shop</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon County - Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Carroll</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Thrash</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Wendel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-09-2727</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Miss Mary Branner</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>Carcinomatous</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Papillary adenocarcinoma</u> <u>endometrial polyp</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>7-23 54</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>172 X</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 <u>Nov 17 1954</u> to <u>3 19 1955</u> , that I last saw the deceased alive on <u>3-19 1955</u> , and that death occurred at <u>5-25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J.D. Keene M.D.</u>				23b. ADDRESS <u>Cameron</u>		23c. DATE SIGNED <u>3-21 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Raytownville</u>		24d. LOCATION (City, town, or county) (State) <u>Raytownville MO</u>	
DATE REC'D BY LOCAL REG. <u>3-23-55</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>		ADDRESS <u>Cameron</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.....

*Signature of Student Embalmer*

Signed.....

*Robert Z. Poland*

Licensed Embalmer No. *457*

*222 West*

P. O. Address *Conroe*

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.