

FILED APR 11 1955

STANDARD CERTIFICATE OF DEATH

State File No. 93

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>MISSOURI</u> b. COUNTY <u>MBDISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON.</u>		c. CITY OR TOWN <u>FREDERICKTOWN.</u>	
c. LENGTH OF STAY (In this place) <u>3 WKS.</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>WHITE WAY NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>N. MAPLE ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE KATHRINE</u> b. (Middle) <u>WOOD</u> c. (Last) <u>WOOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24 1955</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>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 16 1892</u>		9. AGE (In years last birthday) <u>62</u> Months <u>9</u> Days <u>8</u>		10. IF UNDER 1 YEAR <u>8</u> IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
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13a. FATHER'S NAME <u>FRED SHEETA</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED-</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H.H. Roseberry, Fredericktown, 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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ADVANCED DEBILITATION + Incontinence</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC DIARRHEA + Malnutrition</u> DUE TO (c) <u>CHRONIC PELLAGRA</u>				<u>SEV. MONTHS</u> <u>SEV. MONTHS</u> <u>UNKNOWN</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>RECTO-VAGINAL FISTULAA</u>						<u>UNKNOWN</u> <u>UNKNOWN</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>281X</u>		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)	
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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?	
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22. I hereby certify that I attended the deceased from FEB, 1955, to MARCH 24, 1955, that I last saw the deceased alive on MARCH 23, 1955, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marion L. Culver No 2</u> (Degree or title)		23b. ADDRESS <u>17 So Jackson Farmington, Mo</u>		23c. DATE SIGNED <u>5-28-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/26/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>METHODIST.</u>		24d. LOCATION (City, town, or county) (State) <u>FREDERICKTOWN, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>Mar 28, 1955</u>		REGISTRAR'S SIGNATURE <u>Ethel Pudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edwards - FREDERICKTOWN, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0941
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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 Raymond Wilson

Licensed Embalmer No. 488

P. O. Address Frederick

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.