

FILED MAY 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12825

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5914 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brazeau		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) Brazeau Township 0790	

3. NAME OF DECEASED (Type or Print)	a. (First) Martha	b. (Middle)	c. (Last) Weinhold	4. DATE OF DEATH (Month) (Day) (Year) April 15 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 3 1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Perry Co, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Benjamin Bock	13b. MOTHER'S MAIDEN NAME Sulamith Hopfer	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Weinhold Brazeau Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Uterus		
	ANTECEDENT CAUSES Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1952	19b. MAJOR FINDINGS OF OPERATION Metastases to liver	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)
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 Apr 29, 1953, to April 17, 1955, that I last saw the deceased alive on April 15, 1955, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE Theodore Fischer (Degree or title) M.D.	23b. ADDRESS Altenburg Mo	23c. DATE SIGNED 4-16-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 18 1955	24c. NAME OF CEMETERY OR CREMATORY Lutheran	24d. LOCATION (City, town, or county) (State) Frohna Mo.
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DATE REC'D BY LOCAL REG. 4/18/1955	REGISTRAR'S SIGNATURE J. J. Zolner 250	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4890
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1956 18-70P

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 *Wallace Young*.....

Licensed Embalmer No. 402.....

P. O. Address *Perryville*.....

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.