

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18099**

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **306** Registrar's No. **186**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. *If institution; residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	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) 45 yrs		e. STREET ADDRESS (If rural, give location) 419 1/2 East Capitol Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Ann c. (Last) Wark			4. DATE OF DEATH (Month) (Day) (Year) June 14 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May-27-1859	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Aberdeen, Miss		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Sadler		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE James Wark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. F.W. Gilham, Jefferson City, Mo	

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, asphyxia, 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) Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Left Hip DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9047 45	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT? (Specify) Fell	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Nursing Home - New Bloomfield, Mo. Callaway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 14 1955 2:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell	

22. I hereby certify that I attended the deceased from **May 29, 1955**, to **June 14, 1955**, that I last saw the deceased alive on **June 14, 1955**, and that death occurred at **11 5/8** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frederick C. Ziegen, M.D.		23b. ADDRESS 213 Jackson Jefferson City, Mo		23c. DATE SIGNED 6/15/55
24a. BURIAL *CREMATION, REMOVAL (Specify) Burial	24b. DATE June-16-55	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo	

DATE REC'D BY LOCAL REG. June 18-1955	REGISTRAR'S SIGNATURE R. Q. Norris, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Jordan, Jefferson City, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 6 1956

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 *Joseph J. Corbin*

Licensed Embalmer No. 124

P. O. Address *Jefferson*

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.