

FILED AUG 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26791

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY OR TOWN <u>Lebanon</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>Wallace Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>841 No. Adams</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Widner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3 1955</u>
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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>June 17 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.	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>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A</u>
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13a. FATHER'S NAME <u>E. C. Choate</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia M. Garner</u>	14. NAME OF HUSBAND OR WIFE <u>Froman Widner</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flossie Widner</u>	ADDRESS <u>Lebanon 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident (hemorrhage)</u>		
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant hypertension</u> DUE TO (c) <u>Diabetes mellitus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 30, 1955, to Aug. 3, 1955, that I last saw the deceased alive on Aug. 3, 1955, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Roelich M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>Aug. 5, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/6/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Wright Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-6-1955</u>	REGISTRAR'S SIGNATURE <u>Hella L. Klat</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. R. Palmer</u>	ADDRESS <u>Lebanon Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 8/15/55
Laclede County Health Unit
File No. 122
Date Filed 8/15/55

AUG 16

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 S. R. Pauline

Licensed Embalmer No. 22

P. O. Address Lebanon

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.