

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32981**

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo.</u> b. COUNTY <u>Case</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City, Mo</u>	
c. LENGTH OF STAY (In this place) <u>23 da</u>		d. STREET ADDRESS (If rural, give location) <u>1901</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Witzel Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> b. (Middle) <u>ELLA</u> c. (Last) <u>RUFENACHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Aug. 4 - 1883</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR: Days <u>3</u> Hours <u>7</u> Mins. _____	
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>Elkton, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Oesch</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Kleiner</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E. J. Yoder</u> ADDRESS <u>Garden City, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <u>Multible liver abscesses</u>		<u>3 mo.</u>	
		DUE TO (c) <u>Subdiaphragmatic abscess</u>		<u>3 mo.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peritonitis</u>		<u>6926</u>	

19a. DATE OF OPERATION <u>10-22-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Subdiaphragmatic abscess</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m. _____		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 10-18-, 1955, to 11-11, 1955, that I last saw the deceased alive on 11-11, 1955, and that death occurred at 5:10AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. C. Sunderewitz</u> (Degree or title) <u>P.O.</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>11-11-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>		24b. DATE <u>Nov. 13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Fork</u>	
				24d. LOCATION (City, town, or county) (State) <u>Garden City Mo</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 12-55</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Nantzler</u> ADDRESS <u>East Lyme, Mo.</u>	
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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
Student Embalmer

Signed *A. D. Wartzler*

Licensed Embalmer No. 2717

P. O. Address East Lynne, Mo.

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 this body is not embalmed, fact should be so stated above.