

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43440

State File No.

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Francois MO</u>	
b. CITY OR TOWN <u>Rural - St. Francois</u>		c. CITY OR TOWN <u>Rural - Union Twp</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Twp.</u>		e. STREET ADDRESS (If rural, give location) <u>R-1 Weingarten, Mo. 0950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Area Osteopathic Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>ANNIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1955</u>		
a. (First)	b. (Middle)	c. (Last)			
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>May 22, 1885</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>
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>Weingarten, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph Schmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Magdalena Ranschuh</u>	14. NAME OF HUSBAND OR WIFE <u>Leo H. Vogt</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ray Werner, Lawrenceton, Mo.</u>
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.		ADDRESS

MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SEPSIS</u>		<u>3 days</u>
ANTECEDENT CAUSES		<u>8 days</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>2 wks</u>
DUE TO (b) <u>PERITONITIS</u>		<u>metastasis</u>
DUE TO (c) <u>Primary carcinoma of gall bladder</u> to liver		<u>ANCIENT</u>
DUE TO (c) <u>ENTERITIS</u>		<u>ACUTE CHOLECYSTITIS & CHOLELITHIASIS</u>
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death. <u>Recurrent Gall Bladder</u>		

19a. DATE OF OPERATION <u>155X</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) (Min)	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 SEPT 1955, to NOV 18, 1955, that I last saw the deceased alive on Nov 17, 1955, and that death occurred at 6:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marvin L. Sulz, MD.</u> (Degree or title)	23b. ADDRESS <u>Farmington, Mo</u>	23c. DATE SIGNED <u>11-18-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Our Lady Help Of Christians Weingarten, Mo</u>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <u>Nov. 18, 1955</u>	REGISTRAR'S SIGNATURE <u>Eatherly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geneva L. Paul</u> ADDRESS <u>St. Genevieve Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 0, 1955

REC'D OCT 1934

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 *James H. Stouls*.....
Licensed Embalmer No. *3817*

P. O. Address *St. Germain*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.