

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **390**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5133** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Marion Twp.		c. CITY OR TOWN Easton	d. 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) 50 Yrs		e. STREET ADDRESS (If rural, give location) R.F.D. # 2 Easton, Mo. 0110	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R 2 Easton, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Josephine c. (Last) Wenda			4. DATE OF DEATH Jan. 3, 1956 (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 22, 1873	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days IF UNDER 12 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 At Home	11. BIRTHPLACE (City and State or Foreign Country) Andrew Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Patrick McCaffrey	13b. MOTHER'S MAIDEN NAME Clara Eplee	14. NAME OF HUSBAND OR WIFE Adam Wenda
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Wenda R2 Easton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 Month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Renal Disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 **Dec 17, 1955** to **Jan 3, 1956**, that I last saw the deceased alive on **Jan 1, 1956**, and that death occurred at **8:00p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cecilia Stang MD	23b. ADDRESS 570 James Dr St Joseph Mo	23c. DATE SIGNED Jan 4-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 7, 1956	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Hurlingen, Mo.
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DATE REC'D BY LOCAL REG. Jan 10, 1956	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Wm. Sidenfaden St. Joseph, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Craig
South Bldg.

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 Richard E. Nichols....., Student Embalmer No. 521..... working under my personal supervision..

Student Richard E. Nichols.....
Signature of Student Embalmer

Signed Robert H. Apple.....
Licensed Embalmer No. 3308.....

P. O. Address St. Joseph,.....

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.