

FILED MAY 7 1956

## STANDARD CERTIFICATE OF DEATH

State File No. **13913**

BIRTH NO. _____		REG. DIST. NO. <b>178</b>		PRIMARY REG. DIST. NO. <b>5665</b>		Registrar's No. <b>36</b>	
1. PLACE OF DEATH a. COUNTY <b>LEWIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>ADAMS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL SALEM</b>		c. LENGTH OF STAY (in this place) <b>3 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>QUINCY</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6 mi. south Lewistown, Mo</b>				d. STREET ADDRESS (If rural, give location) <b>1137 No. 12th STREET</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSOPHINE</b>			b. (Middle) <b>G.</b>		c. (Last) <b>WENSING</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 1, 1956</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 11, 1888</b>		9. AGE (in years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXXXXXXXX</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>QUINCY, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JOSEPH DETER</b>			13b. MOTHER'S MAIDEN NAME <b>ANNA BRINKMAN</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN WENSING</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>XXXXXXXXXX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HILDEGARDE DUNDY</b>		ADDRESS <b>QUINCY, ILL.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cornary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <b>109 min</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>					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 <b>March</b> , 1956, to <b>May 1</b> , 1956, that I last saw the deceased alive on <b>May 1</b> , 1956, and that death occurred at <b>7:10 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Harry P. M. Brodard</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>La. Belle Mo.</b>		23c. DATE SIGNED <b>May 1 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5/1/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>		24d. LOCATION (City, town, or county) (State) <b>QUINCY, ILLINOIS</b>		
DATE REC'D BY LOCAL REG. <b>5-3-'56</b>		REGISTRAR'S SIGNATURE <b>P. W. Jennings, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles Arnold</b>		ADDRESS <b>Lewistown, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

E. L.

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

AUG 22 1956

STATEMENT BY LICENSED EMBALMER

NOT EMBALMED

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

*Charles L. Arnold, Jr.*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.