

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21344**

No. 300
10. 48

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **3048** Registrar's No. **168**

1. PLACE OF DEATH a. COUNTY Madaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY Madaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville, Mo.	c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN Stanberry R.R.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		e. STREET ADDRESS (If rural, give location) S. W. Of Stanberry 5 miles	

3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Rose Marie b. (Middle) Wirth c. (Last) Wirth			4. DATE OF DEATH (Month) (Day) (Year) July 9 1956		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 20 1920	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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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) Texas	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Clem King	13b. MOTHER'S MAIDEN NAME Catherine Wiederholt	14. NAME OF HUSBAND OR WIFE Bernard V. Wirth
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Bernard V. Wirth ADDRESS Stanberry, Mo. RR
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rupture of aneurysm DUE TO (c) undrawn		INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days.
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	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) 330x
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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?
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22. I hereby certify that I attended the deceased from **May 20, 1953**, to **July 9, 1956**, that I last saw the deceased alive on **July 9, 1956**, and that death occurred at **9:30 pm** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur G. Carlin M.D.	23b. ADDRESS Stanberry, Mo	23c. DATE SIGNED 7-10-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/12/56	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24d. LOCATION (City, town, or county) (State) Stanberry, Mo
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DATE REC'D BY LOCAL REG. 7-12-56	REGISTRAR'S SIGNATURE Bess Bolt	25. FUNERAL DIRECTOR'S SIGNATURE Latoy H. Phillips ADDRESS Stanberry
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(Licensed Embalmer's Statement on Reverse Side)

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

29.0

MU

JAN 20 1958

APR 21 1961

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 Leroy H. Phillips

Licensed Embalmer No. 189

P. O. Address Ston...

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.