

FILED JUL 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23517**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4221** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY <b>Holt</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Mound City</b>	c. LENGTH OF STAY (in this place) <b>50 YRS.</b>	c. CITY OR TOWN <b>Mound City</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <b>2440</b>	

3. NAME OF DECEASED a. (First) <b>Mary</b> b. (Middle) <b>Margaret</b> c. (Last) <b>Wehrli</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 14 56</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 10, 1868</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>Home</b>	9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>8</b> IF UNDER 11 HRS. Days <b>8</b> Hours <b>56</b> Min.

11. BIRTHPLACE (City and State or Foreign Country) <b>Davis, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jacob Metzgar</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Bond</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>X No</b>	

16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Edna S. Kite</b> ADDRESS <b>1848 E. Main St., Falesburg, Ill.</b>	
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of Breast (left)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Metastatic to lungs</b>		<b>4 months</b>	
DUE TO (c)		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Feb/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cover left breast</b>		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) <b>170X</b> (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 **June 2, 1953**, to **July 14, 1956**, that I last saw the deceased alive on **July 14, 1956**, and that death occurred at **5 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. B. McRae</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Mound City Mo.</b>		23c. DATE SIGNED <b>7/16/56</b> (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/16/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Liberty Cemetery</b>	
24d. LOCATION (City, town, or county) <b>No. Mound City, Mo.</b>		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county)	

DATE REC'D BY LOCAL REG. <b>7/16/56</b>		REGISTRAR'S SIGNATURE <b>J. B. McRae</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Crawford</b> ADDRESS <b>Mound City, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *M. H. Crawford*.....

Licensed Embalmer No. *1894*.....

P. O. Address *Memphis, Tenn.*.....

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.