

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33552**

BIRTH NO. **FILED NOV 13 1956** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **148**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett	c. LENGTH OF STAY (In this place) 2hrs	c. CITY OR TOWN Senath, Mo.	d. Is 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 Dunklin County Memorial Hps.		e. STREET ADDRESS (If rural, give location) 0350	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) A.	c. (Last) Wren	4. DATE OF DEATH (Month) (Day) (Year) Oct. 4 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 15 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Bullie Wren	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Berdie Randal Wren
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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) unknown	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Berdie Wren, Senath, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive failure		1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease, cardiac enlargement, myocardial infarction, stroke DUE TO (c)		5 yrs
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **Oct 1957** to **Oct 4 1956**, that I last saw the deceased alive on **Oct 4 1956**, and that death occurred at **11 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eber M. White M.D.	23b. ADDRESS Senath, Mo.	23c. DATE SIGNED 10-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/6/1956	24c. NAME OF CEMETERY OR CREMATORY Senath Cemetery	24d. LOCATION (City, town, or county) (State) Senath, Mo.
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DATE REC'D BY LOCAL REG. 11-2-1956	REGISTRAR'S SIGNATURE Paul Husband	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McDaniel Funeral Svc. Senath, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT11-5-58
COUNTY FILE NUMBER .1156-4

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.....
Edmund A. ...

Licensed Embalmer No.....4

P. O. Address.....
Seneca

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