

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

37598

STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 50

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Franklin</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>MERMA</u> TOWN <u>Twp.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Gasconade</u>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>Residence</u>		Length of stay, in 1b <u>2 months</u>		c. CITY OR TOWN <u>Owensville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Laura</u>		Middle <u>Alice</u>		Last <u>Wiese</u>		Month <u>Nov.</u> Day <u>19,</u> Year <u>1956</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 3, 1876</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Rosebud, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Walker Brown</u>				14. MOTHER'S MAIDEN NAME <u>Mary Rodgers</u>			
15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Bernice Wiese Sullivan, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis, and Acute digestive troubles</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4222</u>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>Sept 5 1956</u> to <u>Nov 19 1956</u> and last saw her <u>Nov 16 1956</u> and last saw him alive on _____ Death occurred at <u>3:45</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. P. Royse M.D.</u> (Degree or title)				22b. ADDRESS <u>Sullivan Mo</u>		22c. DATE SIGNED <u>11/19/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11-21-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Owensville City Cem.</u>		23d. LOCATION (City, town, or county) <u>Owensville, Mo.</u> (State)		
24. FUNERAL DIRECTOR <u>Malford H H Winter</u> ADDRESS <u>OWENSVILLE</u>			25. DATE RECD. BY LOCAL REG. <u>11-21-56</u>		26. REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Melford H. H. Winter*.....

Licensed Embalmer No.....*3*

P. O. Address *OWEN 50*.....

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.