

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38637
STATE FILE NUMBER

FILED DEC 11 1956

Registration District No. 283 Primary Registration District No. 5258 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STOTTS CITY VINEYARD</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>STOTTS CITY RURAL</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>ROUTE 1</u> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>SABINA KATHERINE WUELLNER</u> First Middle Last			4. DATE OF DEATH <u>DEC - 6 - 1956</u> Month Day Year		
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 - 28 - 1890</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS COUNTY Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>HENRY KLOBE</u>			14. MOTHER'S MAIDEN NAME <u>MARIE LUFT DECEASED</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MRS. CLARA SCHNAKE STOTTS CITY Mo.</u> Address		

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>Myocardial Failure</u>		INTERVAL BETWEEN ONSET OF DEATH <u>6 da.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chr. Myocarditis + decompensation</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>422.2</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.	

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 <u>12/6/56</u> COUNTY <u>Lawrence</u> STATE <u>Mo</u>
21. I attended the deceased from <u>11/4/49</u> to <u>12/6/56</u> and last saw her alive on <u>12/3/56</u> . Death occurred at <u>11:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Deceased or title) <u>Benneth Sloves M.D.</u>	22b. ADDRESS <u>Mt. Vernon, Mo</u>	22c. DATE SIGNED <u>12/8/56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-9-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ZION EVANGELICAL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>7 MI. S.W. MT. VERNON LAWRENCE COUNTY Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Neil Foster Mt Vernon Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 7, 1956</u>	26. REGISTRAR'S SIGNATURE <u>Cecil Handrick</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Carry to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. D. Lassett.....

Licensed Embalmer No 2

P. O. Address mt. ves

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.