

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043253

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 566

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Boone</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Columbia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Excelsior Springs</i> 6002 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Univ. of Mo. Medical Center</i>		Length of stay in 1b <i>4 days</i>	d. STREET ADDRESS (If outside, give location) <i>Box 732</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Agda Larsen Widmer</i>			4. DATE OF DEATH Month Day Year <i>Dec. 19 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-18-98</i>
9. AGE (In years last birthday) <i>60</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Excelsior Springs Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>LARSON, John.</i>	13b. MOTHER'S MAIDEN NAME <i>Batilda ?</i>
14. NAME OF HUSBAND OR WIFE <i>William Ernest Widmer</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>-</i>
17. INFORMANT <i>Hospital Record Columbia Mo.</i>		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) <i>Uremia</i> DUE TO (b) <i>Ureteral Obstruction, bilateral</i> DUE TO (c) <i>Carcinoma of cervix 171x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Anemia due to chronic blood loss</i>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <i>12-5-58</i> to <i>12-19-58</i> and last saw her alive on <i>12-19-58</i> Death occurred at <i>two thirty five A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. S. Roden M.D.</i>		22b. ADDRESS <i>Univ. of Mo. Med. Center</i>	22c. DATE SIGNED <i>12/19/58</i>
23a. BURIAL, CREMATION, REMOVAL (See City)	23b. DATE <i>Dec. 22, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>mt. morish</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo</i>
24. FUNERAL DIRECTOR <i>Richard Turner Home</i> <i>Excelsior Spg., Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Dec 19 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

DEC 29 1958

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 *Ralph Van Luninghan*
Licensed Embalmer No. *4809*
P. O. Address *Exelton Springs, Mo*

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.