

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045111

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No. 273

Primary Registration District No. 5714/4404

Registrar's No. 135

S. 300
v. 1-57

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brazeau TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Altenburg
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Altenburg,		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) Brazeau TWP
3. NAME OF DECEASED (Type or print) First Lena Middle D Last Wunderlich			4. DATE OF DEATH Month Dec Day 20 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 9, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72
13a. FATHER'S NAME Martin Schlimpert		13b. MOTHER'S MAIDEN NAME Wilhelmina Schmidt	11. BIRTHPLACE (City and state or country) Perry County, Mo.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? USA
17. INFORMANT Ferdinand Wunderlich, Altenburg, Mo.		14. NAME OF HUSBAND OR WIFE Ferdinand Wunderlich	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Rectum			INTERVAL BETWEEN ONSET AND DEATH 10 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	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 February 20th 58 , to Dec. 20th 1958 and last saw her alive on Dec. 19th 1958 Death occurred at 4:50A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Theodore Anker M.D.		22b. ADDRESS Altenburg, Mo	22c. DATE SIGNED 12/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 22, 1958	23c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran	23d. LOCATION (City, town, or county) (State) Altenburg Missouri
24. FUNERAL DIRECTOR Young & Sons Perryville, Mo.		25. DATE RECD. BY LOCAL REG. 12-22-58	26. REGISTRAR'S SIGNATURE Joe J. Zellner

