

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

335-61-032989

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 335 STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTY *Pettis*  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *Sedalia* Length of stay in 1b *6 weeks*  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *Community Nursing Home* Inside Limits Yes ☒ No ☐  
2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
a. STATE *mo* b. COUNTY *Benton*  
c. CITY OR TOWN *Lincoln* Inside Limits Yes ☒ No ☐  
d. STREET ADDRESS (If outside, give location) *\_\_\_\_\_* Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last  
*Carolina Susanna Wenig*  
4. DATE OF DEATH Month Day Year  
*Oct 30 1961*  
5. SEX *Female* 6. COLOR OR RACE *white* 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐  
8. DATE OF BIRTH *8/5/1872* 9. AGE (last birthday) *89* IF UNDER 1 YEAR Months Days Hours Min.  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) *housework* 10b. KIND OF BUSINESS OR INDUSTRY *home* 11. BIRTHPLACE (City and state or country) *Rhineland, mo* 12. CITIZEN OF WHAT COUNTRY *U.S.A.*  
13a. FATHER'S NAME *Carl Rhoning* 13b. MOTHER'S MAIDEN NAME *Anna Krusking* 14. NAME OF HUSBAND OR WIFE *Henry Wenig (Deceased)*  
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. *none* 17. INFORMANT *majorie Grabau* Address *cole camp mo*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) *Medullary Paralysis*  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *Anuria*  
DUE TO (c) *Pyelonephritis*  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *Sub & Int. Tachantic fracture Right hip.*  
PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☒ No ☐ Unknown  
INTERVAL BETWEEN ONSET AND DEATH *1 day*  
*1 wk*

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 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. Month, Day, Year  
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 *9-26-61* to *10-30-61* and last saw her alive on *10-30-61*  
Death occurred at *3:35 P.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *John L. H. P. D.* 22b. ADDRESS *Col. Camp, Missouri* 22c. DATE SIGNED *11-1-61*  
23a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 23b. DATE *11/1/61* 23c. NAME OF CEMETERY OR CREMATORY *Zion Cemetery* 23d. LOCATION (City, town, or county) *Lincoln mo*  
24. FUNERAL DIRECTOR *Zed Davis & son* ADDRESS *Lincoln* 25. DATE RECD. BY LOCAL REG. *Nov 1-1961* 26. REGISTRAR'S SIGNATURE *Frances Shelby*

**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 Richard B. Conn

Licensed Embalmer No. 4703

P. O. Address Lipton, Me.

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.