SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-040043
STATE FILE NUMBER

RTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 250

FILED NOV 21 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Length of stay in 1b Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Audrain County Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN MEXICO — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 117 S. WESTERN — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Dorothy Middle Last Wanzy

4. DATE OF DEATH Month Nov. Day 7, Year 1961.

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 12-29-1916

9. AGE (last birthday) 44 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook

10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT

11. BIRTHPLACE (City and state or country) Mexico, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Frank Wanzy

13b. MOTHER'S MAIDEN NAME Lotta Abbington

14. NAME OF HUSBAND OR WIFE UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

17. INFORMANT Address MRS. SYLVESTER YOUNG - MINNEAPOLIS, MINN.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gastrointestinal hemorrhage C.U. — INTERVAL BETWEEN ONSET AND DEATH 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cardiac failure & pneumonia severe — 3 wks
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity severe, diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 10-19-61, to 11-7-61 and last saw her/him alive on 11-7-61
Death occurred at 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. McAllerbach M.D.

22b. ADDRESS Mexico Mo

22c. DATE SIGNED 11-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-10-61

23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

23d. LOCATION (City, town, or county) (State) Mexico, Missouri

24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home, Mexico, Mo.

25. DATE RECD. BY LOCAL REG. Nov 10-1961

26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

JUL 3 1962

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 T. McDonald

Licensed Embalmer No. 4825

P. O. Address Melvin Ne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.