

S. No. 300
v. 10.48
0360

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8243

BIRTH NO.		REG. DIST. NO. 112		PRIMARY REG. DIST. NO. 5429		Registrar's No. 10			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY FRANKLIN		b. CITY (If outside corporate limits, write RURAL and give township) RURAL LYON		c. LENGTH OF STAY (in this place) ANN		d. FULL NAME OF HOSPITAL OR INSTITUTION			
a. STATE MISSOURI		b. COUNTY FRANKLIN		c. CITY (If outside corporate limits, write RURAL and give township) RURAL LYON		d. STREET ADDRESS (If rural, give location) 0360			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) CATHERINE			b. (Middle) WOTIPKA			c. (Last)			
5. SEX FEMALE			6. COLOR OR RACE W			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW			
8. DATE OF BIRTH 2-9-1877			9. AGE (In years last birthday) 73			10. MONTHS 16			
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			11b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) GERALD Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME HENRY SANDERS			13b. MOTHER'S MAIDEN NAME MARY HACKMANN			
14. NAME OF HUSBAND OR WIFE JOHN WOTIPKA			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Mrs Westholter			ADDRESS New Haven Mo						
18. CAUSE OF DEATH				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis				10 days	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis with hypertension				Said	
				DUE TO (c)				3 1/2 X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION None			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 22, 1944, to Feb. 24, 1950, that I last saw the deceased alive on Feb. 24, 1950, and that death occurred at 5:30 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) B. P. Eisenmann M.D.			23b. ADDRESS New Haven Mo.			23c. DATE SIGNED 2/25/50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-27-50		24c. NAME OF CEMETERY OR CREMATORY PORT HUDON CATHOLIC CEM NEAR NEW HAVEN Mo		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 2-27-50		REGISTRAR'S SIGNATURE A. A. Matheson		25. FUNERAL DIRECTOR'S SIGNATURE L. B. Berly & Son		ADDRESS New Haven Mo			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

District File Number _____
District Health Officer No. 9,
RECEIVED MAR 13 1950

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
Student Embalmer

Signed Earl Fertey

Licensed Embalmer No. 3385

P. O. Address New Haven 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 this body is not embalmed, fact should be so stated above.