

STANDARD CERTIFICATE OF DEATH

State File No. **15795**
Registrar's No. **104**

FILED JUN 7 1950

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY: Audrain	
b. CITY OR TOWN Mexico		c. CITY OR TOWN MEXICO	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 215 W. Promenade	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Co. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) VIRGINIA b. (Middle) LE F c. (Last) NIEDERSCHULTE			4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JAN 17 1882	9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
11. BIRTHPLACE (State or foreign country) Callaway Co. Mo			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Ransom Dudley	13b. MOTHER'S MAIDEN NAME Julia Jones	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 500-07-0780	17. INFORMANT'S SIGNATURE OR NAME Wesley Niederschulte ADDRESS Mexico Mo
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18. CAUSE OF 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown U.S.A.
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Mexico Audrain Missouri
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 27, 1950**, to **MAY 27, 1950**, that I last saw the deceased alive on **5/27, 1950**, and that death occurred at **7:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest S. Grant M.D.	23b. ADDRESS 1052 West Monroe, Mexico, Mo.	23c. DATE SIGNED 5/29/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-29-50	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) MEXICO, MO
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DATE REC'D BY LOCAL REG MAY 29 1950	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Clara ... ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JUN 5 1950
District Health Officer No. 10
District File Number 6-50-947
Date Filed JUN 6 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 _____

Richard Y McDonald

working under my personal supervision.

Student Embalmer No. *377*

Richard Y. McDonald
Signed _____
Student Embalmer

Signed *[Signature]*
Licensed Embalmer No. *3569*

P. O. Address *Mexico*

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.