S. No. 300
v. 10.48

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FILED OCT 5 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 29383

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4039 Registrar's No. 30

**1. PLACE OF DEATH**
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lincoln
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lincoln 0080
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Margaret
b. (Middle): Wilhelnia
c. (Last): Wisehmeier

**4. DATE OF DEATH** (Month) (Day) (Year): Sept 25, 1950

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed 2
**8. DATE OF BIRTH**: Oct 21, 1857
**9. AGE** (In years last birthday): 92 — If under 1 year: Months 11, Days 4 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (State or foreign country): Benton Co. Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Hnery Gerken
**13b. MOTHER'S MAIDEN NAME**: Margaret Hesse
**14. NAME OF HUSBAND OR WIFE**: deceased

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Emma Wisehmeier — ADDRESS: Lincoln

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
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: 794 X

**19a. DATE OF OPERATION**: None
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☐ NO ☒

**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): — m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1 Feb, 1950, *to* 24 Sept, 1950, *that I last saw the deceased alive on* Sept 24, 1950, *and that death occurred at* 4:00 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): S O Stratton M D O
**23b. ADDRESS**: Lincoln, Mo
**23c. DATE SIGNED**: Sept 26, 1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Sept 27, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Zion Lutheran Cemetery
**24d. LOCATION** (City, town, or county) (State): Lincoln, Missouri

**DATE REC'D BY LOCAL REG.**: Sept-26-1950
**REGISTRAR'S SIGNATURE**: E L Eickhoff 394
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: John F Reser Lincoln, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-4-58
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-4-58

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**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 John F. Reser
Licensed Embalmer No. 4098
P. O. Address Warsaw

**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.**