

THE DIVISION OF HEALTH OF MISSOURI

FILED NOV 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38211

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 368

1. PLACE OF DEATH a. COUNTY <u>ST FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELVINS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELVINS</u> <u>094 1/2</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLOTTE</u> b. (Middle) <u>WIDEMAN</u> c. (Last) <u>WIDEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30, 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
		<u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>OCT 26 1950</u>	
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<u>4</u>		<u>NONE</u>		<u>ELVINS, MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>NONE</u>				<u>USA</u>	

13a. FATHER'S NAME <u>CLIFFORD F WIDEMAN</u>		13b. MOTHER'S MAIDEN NAME <u>IRENE FOWLER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
<u>NO</u>		<u>NONE</u>		<u>Mrs IRENE WIDEMAN ELVINS, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ERYTHROBLASTOSIS FOETALIS</u>			
		INTERVAL BETWEEN ONSET AND DEATH <u>4 Day</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		PRECEDENT 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 <u>PREMATURE BIRTH</u>			
19a. DATE OF OPERATION		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)	
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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?	
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22. I hereby certify that I attended the deceased from 10 26, 1950, to 10 30, 1950, that I last saw the deceased alive on 10 30, 1950, and that death occurred at 4 30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W Hunt M.D.</u>		23b. ADDRESS <u>Leadwood Mo 11/1/50</u>		23c. DATE SIGNED	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkview</u>	
				24d. LOCATION (City, town, or county) (State) <u>Leadwood, Mo</u>	

DATE REC'D BY LOCAL REG. <u>Nov 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Callaway Platt River, Mo</u>	
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No. 300
10.48

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

RECEIVED
NOV 19 1950
DISTRICT HEALTH OFFICE No. 4
File No. _____

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.

Signed _____

R C Caldwell

Signed _____

Student Embalmer

Licensed Embalmer No. _____

2531

P. O. Address _____

Flap River 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.