

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

State File No. **41767**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **142**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Abingdon	
c. LENGTH OF STAY (In this place) 38 da.		d. STREET ADDRESS (If rural, give location) 307 W. Jackson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mineral Spring Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) J. c. (Last) VanderWert			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1906	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 3 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Knoxville, Iowa		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Frush	13b. MOTHER'S MAIDEN NAME Rose Miller	14. NAME OF HUSBAND OR WIFE Cornelius J. VanderWert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Cornelius J. VanderWert, Abingdon, Ill

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 Months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - lungs		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis of breasts DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		170X	

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6:20 PM, 12/20/50	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 Nov. 13th, 1950, to Dec. 20th, 1950, that I last saw the deceased alive on Dec. 20th, 1950 and that death occurred at 6:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree if physician) <i>[Signature]</i>	23b. ADDRESS Louisiana, Missouri.	23c. DATE SIGNED Dec. 21, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/21/50	24c. NAME OF CEMETERY OR CREMATORY Abingdon, Cemetery
24d. LOCATION (City, town, or county) (State) Abingdon, Illinois		

DATE REC'D BY LOCAL REG. Dec 21, 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Louisiana, Mo.
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No. 300
10-48

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

FEB 15 1951

FEB 26 1951

Date Received: DEC 28 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2203
Date Filed: DEC 28 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, George O. Wagner

~~working under my personal supervision.~~

~~Student Embalmer to~~

Signed

George O. Wagner

Licensed Embalmer No. 3773

Signed

~~Student Embalmer~~

P. O. Address Louisiana, 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.

Wagner, George O.