

JUN 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17501

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
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 Louisiana	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital		d. STREET ADDRESS (If rural, give location) 715 Maryland Street	

3. NAME OF DECEASED (Type or Print) a. (First) Frances Marie b. (Middle) Woestemeyer c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 5, 1952		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH MARCH 10, 1867		9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR Months		11. IF UNDER 24 HRS. Hours		12. IF UNDER 1 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A		
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13a. FATHER'S NAME John Smith			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Bennard Woestemeyer		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME J. H. Woestemeyer, Louisiana, Mo.		ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic heart disease						INTERVAL BETWEEN ONSET AND DEATH 2 days out	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension of heart						1 month	
		DUE TO (c) arteriosclerosis of coronary arteries							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis of coronary arteries							

19a. DATE OF OPERATION 5-31-52		19b. MAJOR FINDINGS OF OPERATION None				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

I hereby certify that I attended the deceased from 1950 to 6-5, 1952, that I last saw the deceased alive on 6-4, 1952, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

22. SIGNATURE M.D. [Signature]		(Degree or title)		23b. ADDRESS Louisiana, Missouri		23c. DATE SIGNED 6-6-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 7, 52		24c. NAME OF CEMETERY OR CREMATORY Buffalo Cemetery		24d. LOCATION (City, town, or county) (State) Buffalo township Pike Co. Mo.	
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DATE REC'D BY LOCAL REG. June 7, 1952		REGISTRAR'S SIGNATURE Bernice Collier		FUNERAL DIRECTOR'S SIGNATURE Haly Mortuary		ADDRESS Louisiana, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Geo. M. Callier

Licensed Embalmer No. 3839

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.