

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35441

State File No. _____

No. 300

10.487

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OCT 22 1952

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| BIRTH NO. _____ | | REG. DIST. NO. <u>155</u> | | PRIMARY REG. DIST. NO. <u>3727</u> | | Registrar's No. <u>155</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City, Mo.</u> | | c. LENGTH OF STAY (If in this place) <u>5 Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City, Mo.</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>17 S. Madison St.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>17 S. Madison St.</u> | | | | | |
| 3. NAME OF DECEASED a. (First) <u>Dorothy</u> | | | b. (Middle) _____ | | c. (Last) <u>Wuellner</u> | | 4. DATE OF DEATH (Month) <u>July</u> (Day) <u>9</u> (Year) <u>1952</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Feb. 22 1933</u> | | 9. AGE (In years last birthday) <u>19</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>16</u> IF UNDER 24 HRS. Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Cartersville, Mo.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Emmett Griffin</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Victoria Hicks</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Gene Wuellner</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Gene Wuellner Webb City, Mo</u> | | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Convulsive state due to infection</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of insecticide containing arsenic</u> <u>E-8860</u> DUE TO (c) <u>14</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Was 6 months pregnant fetus alive at time of death of above</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Blood studies - neg. for CO- Stomach contents neg. for common poisons</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webb City, Mo. Jasper Mo.</u> | | 21f. HOW DID INJURY OCCUR? <u>Spilled arsenic insecticide containing arsenic preparation.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Mon 7-9-52</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>Wed 10-16-52</u> at <u>home</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>W. Wuellner MD</u> (Degree or title) <u>3</u> | | | 23b. ADDRESS <u>Imperial Bank Bldg.</u> | | | 23c. DATE SIGNED <u>10/16/52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 12, 1952</u> | | 24c. NAME OF CEMETERY (OR CREMATORY) <u>Cartersville Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Cartersville, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>10-16-52</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Johnston-Arnce-Simpson, Webb City, Mo.</u> <u>Mortuary</u> | | | | | |

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

RECEIVED 10-20-52
Jasper County Health Office

County File Number 52/10/805

Date Filed 10-20-52

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 *Jack C. Simpson*

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.