

STANDARD CERTIFICATE OF DEATH

State File No. **7913**

*Goldberg*

BIRTH NO. **FILED MAR 16 1954** REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **4061** Registrar's No. **8**

|   |                              |   |   |
|---|------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Caldwell</b>  |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Caldwell</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Braymer</b>  |                              | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Braymer</b>  |   |
| c. LENGTH OF STAY (In this place)<br><b>50 yrs.</b>   |                              | d. STREET ADDRESS (If rural, give location)<br><b>South Braymer, Mo.</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>South Braymer, Mo.</b>  |                              | e. STREET ADDRESS (If rural, give location)<br><b>South Braymer, Mo.</b>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>ELLA</b>  |                              | b. (Middle) <b>WIDMEIRE</b>   |   |
| c. (Last) <b>WIDMEIRE</b>   |                              | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>2/18/1954</b>   |   |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>  | 8. DATE OF BIRTH<br><b>2/6/1877</b>                                       |
| 9. AGE (In years last birthday)<br><b>83</b>  |                              | 10. KIND OF BUSINESS OR INDUSTRY<br><b>retired</b>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Ray Co., Mo.</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>   |                              | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |   |
| 13a. FATHER'S NAME<br><b>John Reavis</b>  |                              | 13b. MOTHER'S MAIDEN NAME<br><b>Gynthia Ann Syler</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Will Widmeire</b>   |                              | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |   |
| 16. SOCIAL SECURITY NO.   |                              | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Reavis Widmeire, Braymer, Mo.</b>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Head of Pancreas with metastases to gall bladder &amp; liver.</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>gall bladder &amp; liver.</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>General Arteriosclerosis</b> |   |
| 19a. DATE OF OPERATION  |                              | 19b. MAJOR FINDINGS OF OPERATION<br><b>157X</b>   |   |
| 20. AUTOPSY<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |                              | 21a. 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)   |                              | 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 <b>Aug. 1947</b> , to <b>Feb. 18, 1954</b> , that I last saw the deceased alive on <b>Feb. 18, 1954</b> , and that death occurred at <b>3:45 P.M.</b> , from the causes and on the date stated above.  |   |
| 23a. SIGNATURE<br><b>J. E. Goldberg M.D.</b>  |                              | 23b. ADDRESS<br><b>Braymer, Mo.</b>   |   |
| 23c. DATE SIGNED<br><b>2/20/54</b>  |                              | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  |   |
| 24b. DATE<br><b>2/20/1954</b>   |                              | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Evergreen cemetery</b>   |   |
| 24d. LOCATION (City, town, or county) (State)<br><b>Braymer, Mo.</b>  |                              | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Gen. Michael, Braymer, Mo.</b>   |   |
| DATE REC'D BY LOCAL REG.<br><b>3-12-1954</b>  |                              | REGISTRAR'S SIGNATURE<br><b>499-0 Mrs. Edna ...</b>   |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Gen. Michael, Braymer, Mo.</b>   |                              | ADDRESS<br><b>Braymer, Mo.</b>  |   |

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, ~~as by~~

~~Student Embalmer No.~~

~~working under my personal supervision.~~

~~Student~~ .....  
~~Student Embalmer~~

Signed Geneb. Michael  
Licensed Embalmer No. 4340  
P. O. Address Braymer, 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.