

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15338

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>	c. LENGTH OF STAY (in this place) <u>4 1/2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. AUBERT TWP. 0140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>7 MILES N. OF FULTON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>WENDRING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 6 - 1885</u>		9. AGE (in years last birthday) <u>69</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>THEO. WINKELMANN</u>		13b. MOTHER'S MAIDEN NAME <u>ANGELICA Rehmer</u>		14. NAME OF HUSBAND OR WIFE <u>HUGO WENDRING</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. EMIL WARNER, MOKANE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia &amp; Malnutrition</u>  ANTECEDENT CAUSES <u>arthritis deformans &amp; Paralysis agitans</u> DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>General years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350 X</u>		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) (Min.)		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 Sept. 12, 1949, to June 2, 1954, that I last saw the deceased alive on June 1, 1954, and that death occurred at 5:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Osman MD</u>		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>June 2, 1954</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/5/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARTIN'S Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>RHINELAND MO</u>		
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DATE REC'D BY LOCAL REG. <u>June 2-54</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis MD-MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hugosthemme HERMANN, MO</u>			
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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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3160

P. O. Address. Hermann, 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.