

FILED DEC 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41948

BIRTH NO.		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 230				
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) 12 days		c. CITY OR TOWN Rolla		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Mem. Hospital				e. STREET ADDRESS (If rural, give location) Stuart Apartments						
3. NAME OF DECEASED (Type or Print) MYRTLE			a. (First)		b. (Middle) ALMYRA		c. (Last) WENNEKER			
4. DATE OF DEATH December 10, 1954		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 15, 1877		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months Days		
5. SEX Female		6. COLOR OR RACE White		11. BIRTHPLACE (City and State or Foreign Country) Trenton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		10. IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY --		13a. FATHER'S NAME John Colwell				13b. MOTHER'S MAIDEN NAME Mary Jane Leonley	
13a. FATHER'S NAME John Colwell			13b. MOTHER'S MAIDEN NAME Mary Jane Leonley			14. NAME OF HUSBAND OR WIFE Clemence			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
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 Mrs. Juanita Paulsell			ADDRESS Rolla, Mo.		
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 3 wks.		
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) arteriosclerotic heart disease coronary insufficiency								
		ANTECEDENT CAUSES								
		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
19a. DATE OF OPERATION		DUE TO (c) Senile dementia						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19b. MAJOR FINDINGS OF OPERATION		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)		4200		
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 past month, 19, to 19, that I last saw the deceased alive on 12-9-1954, and that death occurred at 1 A. m., from the causes and on the date stated above.										
23a. SIGNATURE E. E. Feind, M.D.				23b. ADDRESS Rolla mo.		23c. DATE SIGNED 12-10-54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 12, 1954		24c. NAME OF CEMETERY OR CREMATORY Greenmount Cemetary		24d. LOCATION (City, town, or county) Quincy, Illinois		(State)		
DATE REC'D BY LOCAL REG. Dec. 13, 1954		REGISTRAR'S SIGNATURE Nadmie L. Stoll 380		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Hull		ADDRESS Rolla, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 27 1954

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 Signature of Student Embalmer

Signed Paul E. Mull

Licensed Embalmer No. 449

P. O. Address Rolla,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.