

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14746

State File No. ....

Registrar's No. 526

BIRTH NO. ....		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 526		
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived: If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>Lifetime</b>		c. CITY OR TOWN <b>St. Joseph</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If deceased in institution, give street address or location) HOSPITAL OR INSTITUTION <b>3229 South 11th St. Parkview Sunnyslope Nursing Home</b>				f. STREET ADDRESS (If rural, give location) <b>810 Main Street</b> <span style="float: right;">01170</span>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dorothea</b>			b. (Middle)		c. (Last) <b>Wetteroth</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 24, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>April 5, 1880</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Watch repair</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>August Wetteroth</b>			13b. MOTHER'S MAIDEN NAME <b>Lizzie Rupp</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-10-2921</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Prearrangement (Self) Dorothea Wetteroth</b>				
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) <b>CEREBRAL HEMORRHAGE</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b>  DUE TO (c) <b>331X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 DAYS</b>  <b>UNKNOWN</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (m.)		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>MAY 16, 1955</b> , to <b>MAY 24, 1955</b> , that I last saw the deceased alive on <b>MAY 23, 1955</b> , and that death occurred at <b>3:00A m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Lorraine H. Ruffin, M.D.</b>				23b. ADDRESS <b>1302 FARM ST - JOSEPH, MO</b>		23c. DATE SIGNED <b>5-25-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 26, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Mora Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>		
DATE REC'D BY LOCAL REG. <b>May 27, 1955</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Pauline Mieschaffer - Flanagan, St. Joseph, Mo.</b>		

(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 ..... Signature of Student Embalmer

Signed *Raymond W. Moore* ..... Licensed Embalmer No. 4413.M

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