

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21893**

No. 300
10-48

FILED AUG 12 1955

Registrar's No. **105**

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> c. LENGTH OF STAY (in this place) <u>1 yr.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address or location) <u>Susans Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sussex</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newtown</u> d. STREET ADDRESS (If rural, give location) <u>1250 /</u>	
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3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>WIDNER</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 - 55</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-18-1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Newtown Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Henry S. Widner</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Jobe</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Stella Widner</u>
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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>487-14-5412</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Stella Widner</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio Sclerosis</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4500</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Dec 31, 1954, to July 10, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffy MD</u>	23b. ADDRESS <u>Trenton</u>	23c. DATE SIGNED <u>July 12 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newtown cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Newtown Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-13-55</u>	REGISTRAR'S SIGNATURE <u>Irene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. J. Payne Newtown</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 T. Howard Judel

Licensed Embalmer No. 3240

P. O. Address. New Town, N.Y.

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.