

FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39473

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 182

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|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Nevada</u> | | c. LENGTH OF STAY (in this place) <u>15 years</u> | c. CITY OR TOWN <u>Nevada</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>02</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Convent</u> | | | e. STREET ADDRESS (If rural, give location) <u>1500 W. Ashland</u> <u>1000</u> | | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Mary</u> | b. (Middle) <u>Magdalene</u> | c. (Last) <u>Wendel</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1955</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Dec. 3, 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>Sister of Catholic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Faith</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Olpe, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Joseph F. Wendel</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Hess</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary H. Yacinth, Nevada, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>7 years</u> <u>5 years</u> |
| 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) | 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 <u>Mar 29, 1948</u> , to <u>Nov 10, 1955</u> , that I last saw the deceased alive on <u>Nov 9, 1955</u> , and that death occurred at <u>12:40a.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Mary H. Yacinth</u> | | | 23b. ADDRESS <u>Nevada, Mo</u> | | 23c. DATE SIGNED <u>11/11/55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/12/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>11-19-1955</u> | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> <u>451</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Eichinger Funeral Home Nevada, Mo.</u> | | | |

(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 *Francis C. Marshall*.....

Licensed Embalmer No. *49*.....

P. O. Address *Nevada*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.