

THE DIVISION OF HEALTH OF MISSOURI,
STANDARD CERTIFICATE OF DEATH

43088

State File No.

BIRTH NO. **FILED JAN 12 1956** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2933**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Mo. b. COUNTY Jefferson (division).	
b. CITY (If outside corporate limits, write RURAL and give township) Aftton	c. LENGTH OF STAY (in this place) 4 yrs	c. CITY OR TOWN DeSoto	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Millers Nursing Home		STREET ADDRESS (If rural, give location) 113 So. 5th	

3. NAME OF DECEASED (Type or Print) a. (First) Maryetta	b. (Middle)	c. (Last) Wells	4. DATE OF DEATH (Month) (Day) (Year) Dec. 13 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 13, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and State or Foreign Country) Tenn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lonnie B	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Joseph
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME C.L. Wells	ADDRESS 518 McKissock DeSoto Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 years? 3 years?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, chronic	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis	
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) 4221
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 2, 1955**, to **Dec 13, 1955**, that I last saw the deceased alive on **Dec 13, 1955**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Melvin R. Wideluch MD	23b. ADDRESS 8916 S. ...	23c. DATE SIGNED 12-15-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/16/55	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) Aftton 23 Mo.
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DATE REC'D BY LOCAL REG. 12-15-55	REGISTRAR'S SIGNATURE Robert P. Bombardieri	25. FUNERAL DIRECTOR'S SIGNATURE Donell Dietrich	ADDRESS DeSoto Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
0.48

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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 *Donald C. Ring*.....

Licensed Embalmer No. *48*.....

P. O. Address *7027 Grove*.....

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.