.300
.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19845

State File No.

FILED JUL 16 1956

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 339

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN Cape Girardeau (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 12 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Francis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Scott
c. CITY OR TOWN Rural Kelso Twp
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location) 3 miles East of Sellmo

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) ODESSA c. (Last) WOELTJE

4. DATE OF DEATH (Month) (Day) (Year) July 9, 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar 4, 1888
9. AGE (If over 1 year last birthday) 68. IF UNDER 1 YEAR Months 4 Days 5 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
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Isaac Ross
13b. MOTHER'S MAIDEN NAME Hannah Elizabeth Stroder
14. NAME OF HUSBAND OR WIFE Arthur Woeltje

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Don't Know
17. INFORMANT'S SIGNATURE OR NAME Mrs Bernice Uelsmann ADDRESS Sellmo Mo

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) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) Thrombo-embolic phenomenon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1956, *to* July 9, 1956, *that I last saw the deceased alive on* July 9, 1956, *and that death occurred at* 7:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Gordon McMurmelly (Degree or title) M.D.
23b. ADDRESS Cape Girardeau, Mo.
23c. DATE SIGNED 7-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-11-56
24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo

DATE REC'D BY LOCAL REG. 7-12-56
REGISTRAR'S SIGNATURE Elizabeth Summers, Dep
25. FUNERAL DIRECTOR'S SIGNATURE Aspling Kopp Funeral Home ADDRESS Sellmo Mo

(Licensed Embalmer's Statement on Reverse Side)

4-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oliver C Amu

Licensed Embalmer No. 44

P. O. Address Illmo,

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