

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41232**

| | | | | | | | |
|--|----------------------------------|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>132</u> | | PRIMARY REG. DIST. NO. <u>5478</u> | | Registrar's No. <u>190</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Grundy</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton-Rural-Marion</u> | | c. LENGTH OF STAY (in this place) <u>1 Year</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton-Rural-Marion</u> <u>8400</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 mi North Laredo</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3 mi North Laredo</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Layson</u> | | | b. (Middle) <u>Lee</u> | | c. (Last) <u>Wendt.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 31 1956</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>April 24 1953</u> | | 9. AGE (In years last birthday) <u>3</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u> | IF UNDER 18 HRS. Hours <u>7</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Galt Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Henry Wendt</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Eileen Baird</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | |
| 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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jerry B. Wendt Trenton, Mo</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>suffocation</u> | | | | | | | |
| ANTECEDENT CAUSES DUE TO (b) <u>fire in home</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | | | | | | |
| DUE TO (c) _____ | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9160</u> | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>16</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>40</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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>Def. 31</u> , 1956, to <u>XXXXXXXXXX</u> , that I last saw the deceased alive on <u>XXXXXX</u> , and that death occurred at <u>4:00p</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Donald H. Slater County Coroner</u> | | | | 23b. ADDRESS <u>Trenton, Missouri</u> | | 23c. DATE SIGNED <u>1-1-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 1 1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>pleasant Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Laredo Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>1-1-57</u> | | REGISTRAR'S SIGNATURE <u>Jeanne Fair</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.J. Robertson Funeral Home Laredo Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
No. 48115
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. M. Robertson

Licensed Embalmer No. *4388*

P. O. Address *Laredo, Tex*

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.