Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019109
STATE FILE NUMBER

FILED MAY 10 1958 Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN Morehouse — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence — Length of stay in 1b: 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Morehouse 0720 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Not Numbered — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Martha Middle Rebeccah Last Woldrup

4. DATE OF DEATH Month May Day 2 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]
8. DATE OF BIRTH 4-15-1872
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR: Months 0 Days 17 — 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 country) Salem, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Daniel A. Johnson
13b. MOTHER'S MAIDEN NAME Mary Jane Bateman
14. NAME OF HUSBAND OR WIFE Alec Woldrup

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.
17. INFORMANT Address Mrs. Arthur Collins, Morehouse, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CEREBRAL HEMORRHAGE	48 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	GENERALIZED ARTERIOSCLEROSIS	10 YEARS
DUE TO (c)	331 X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MARCH 15th, 1958 to 5-2-58 and last saw her/him alive on 5/2/58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph Franklin (Degree or title) M.D. 0
22b. ADDRESS Morehouse, Mo.
22c. DATE SIGNED 5-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/5/58
23c. NAME OF CEMETERY OR CREMATORY Sikeston City Cemetery
23d. LOCATION (City, town, or county) (State) Sikeston, Missouri

24. FUNERAL DIRECTOR Philip L. Cassady ADDRESS NUNNELLEE FUNERAL CHAPEL, Sikeston, Mo.
25. DATE RECD. BY LOCAL REG. 5-15-58
26. REGISTRAR'S SIGNATURE Kathryn L. McBain

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

17.0

DATE RECEIVED MAY 16 1958
NEW MADRID CO. HEALTH CENTER
E. S.

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 Philip J. Cassedy

Licensed Embalmer No. 4618

P. O. Address Sikeston, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.