Health, Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022412
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 171 Primary Registration District No. 5637 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: META Middle: K Last: SOENDKER
4. DATE OF DEATH Month, Day, Year: June 25, 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: September 9, 1903
9. AGE (In years last birthday): 54
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Wellington, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Hindersmann
14. MOTHER'S MAIDEN NAME: Ida Kruse
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. George Soendker Address: Wellington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Natural Causes. This Patient accidental death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) fell down the concrete steps at her backdoor. The forehead was contused and
DUE TO (c) ~~the nose injured. She was taken into~~

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
the house & died before a doctor arrived 9000 21

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Death was probably due to brain injury
20c. TIME OF INJURY Hour a. m. p. m. 7:00 Month, Day, Year June 25 '58
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.) at her home
20f. CITY, TOWN, OR LOCATION Wellington COUNTY Lafayette STATE Mo

21. I attended the deceased from never, to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dewey Parrott (Degree or title) Sheriff Coroner
22b. ADDRESS Lexington Mo
22c. DATE SIGNED 8-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 27, 1958
23c. NAME OF CEMETERY OR CREMATORY: St. Lukes
23d. LOCATION (City, town, or county) (State): Wellington, Missouri
24. FUNERAL DIRECTOR: J. C. Sheppard ADDRESS: Wellington, Mo.
25. DATE RECD. BY LOCAL REG.: July 7, 1958
26. REGISTRAR'S SIGNATURE: Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jr. Clair Shippard

Licensed Embalmer No. 41

P. O. Address Wellington

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