

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000730

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 82

Primary Registration District No. 4147

Registrar's No. 18

300
1-57

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| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bunceton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Bunceton, 6272 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home, | | Length of stay in lb 2 Years | d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Anna Middle Kathryn Last Wendleton | | | 4. DATE OF DEATH Month January Day 26 Year 1959 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 14, 1884 | 9. AGE (In years by birthday) 74 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (City and state or country) Saline County, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME James R. Figgins | 13b. MOTHER'S MAIDEN NAME Sara Bell Ballard | 14. NAME OF HUSBAND OR WIFE Wm. Wendleton. |
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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. ----- | 17. INFORMANT Mrs. George Dicus, Bunceton, Mo. | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure | | INTERVAL BETWEEN ONSET AND DEATH sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Myocardial Infarction | |
| | DUE TO (c) Arteriosclerosis | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Bunceton | COUNTY Cooper | STATE MO |
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| 21. I attended the deceased from 10-14-57 to 1-26-59 and last saw her alive on 12-26-58 Death occurred at Bunceton approx. 12:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Richard W. Callison D.O. | 22b. ADDRESS Bunceton, Mo. | 22c. DATE SIGNED 1-29-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Jan. 28, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Walnut Grove | 23d. LOCATION (City, town, or county) (State) Boonville, Missouri. |
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| 24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo. | 25. DATE RECD. BY LOCAL REG. 1/29/59 | 26. REGISTRAR'S SIGNATURE [Signature] |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be treated. All diseases in Part I must be causally related.

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 Wm Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.