THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018012

FILED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2078 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hosp. — Length of stay in hospital: 4 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS
b. COUNTY: FRANKLIN
c. CITY OR TOWN: PRINCETON — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 8 Miles S.W. — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: NANCY Middle: ADNA Last: WEMMER

4. DATE OF DEATH: Month: April Day: 23 Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Oct 18 1881

9. AGE (In years. Last birthday): 77 — 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: home

11. BIRTHPLACE (City and state or country): Meade Co. Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas L. Strider

13b. MOTHER'S MAIDEN NAME: Mary A. Gossard

14. NAME OF HUSBAND OR WIFE: Elijah Wemmer

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.: None

17. INFORMANT: J. K. Strider, Ottawa Kansas — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Paralytic ileus — 9 Days

DUE TO (c): Surgery for Carcinoma of uterus — 2 Wks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 174X

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 4-18-59, to 4-23-59 and last saw her/him alive on 4-23-59. Death occurred at 10:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Donald R. Davis M.D. (Degree or title)

22b. ADDRESS: 4706 Broadway, K.C. Mo.

22c. DATE SIGNED: 4-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4-25-59

23c. NAME OF CEMETERY OR CREMATORY: —

23d. LOCATION (City, town, or county) (State): Ottawa Kansas

24. FUNERAL DIRECTOR ADDRESS: Towner Mortuary, Ottawa, Kans.

25. DATE RECD. BY LOCAL REG.: 4-25-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Donald R. Davis

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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 John R. Sidm

Licensed Embalmer No. 453

P. O. Address Kansas C

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.