

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026313

FILED VS JUL 28 1959

Registration District No. 516 Primary Registration District No. 3059 Registrar's No. 286

STATE FILE NUMBER

DED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Francois	a. STATE Mo.	b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo.	Length of stay in 1b 14 da.	c. CITY OR TOWN Frankclay	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS -	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Sally	Middle Mary	Last Wendell	Month July	Day 18	Year 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 16, 1895	9. AGE (last birthday) 64 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Mistress	10b. KIND OF BUSINESS OR INDUSTRY Gov't.	11. BIRTHPLACE (City and state or country) Flat River, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Edward Semar		13b. MOTHER'S MAIDEN NAME Mary Richard		14. NAME OF HUSBAND OR WIFE George Wendell	
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. 499-32-1386	17. INFORMANT George Wendell, Frankclay, Mo.		

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 thrombosis		1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	??
	DUE TO (c) Diabetes mellitus.	??
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.
Bilateral occlusion papliteal arteries with gangrene of legs		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY STATE
21. I attended the deceased from 7/4/59 to 7/18/59 and last saw her alive on 7/18/59 Death occurred at 9:12 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Jack Muller, M.D.		22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 7-22-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 21, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial Park	23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.	
24. FUNERAL DIRECTOR Bert L. Boyer, Leadwood, Mo.		25. DATE RECD. BY LOCAL REG. July 25, 1959	26. REGISTRAR'S SIGNATURE Esterlundloff	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 6 2 700

OCT 30 1959

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 3443

P. O. Address Lealwood 7

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.