URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-027709
STATE FILE NUMBER

FILED VS AUG 10 1960 Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 52
ENDED

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Versailles — Length of stay in 1b: 3 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kidwell Rest Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Morgan
c. CITY OR TOWN Versailles — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 8M.N.E. Versailles — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Sarah Middle: Elizabeth Last: Wenger
4. DATE OF DEATH Month: August Day: 1 Year: 1960
5. SEX Female
6. COLOR OR RACE Cau.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-14-88
9. AGE (last birthday) 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Morgan Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Abe Wenger
13b. MOTHER'S MAIDEN NAME Caroline Lehman
14. NAME OF HUSBAND OR WIFE Never Married
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. Unknown
17. INFORMANT Jess Wenger Address Versailles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Arteriosclerosis c̄ — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ Cerebral Hemorrhage — 30 Min.
DUE TO (c)

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1958, to Present and last saw her alive on July 30, 1960
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ruth Kaufman (Degree or title) M.D.
22b. ADDRESS Versailles, Mo.
22c. DATE SIGNED Aug 7, 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4 August 60
23c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery
23d. LOCATION (City, town, or county) (State) Morgan Co., Mo.

24. FUNERAL DIRECTOR Kidwell Funeral Home — ADDRESS Versailles, Mo.
25. DATE RECD. BY LOCAL REG. 8-4-60
26. REGISTRAR'S SIGNATURE J. L. Nosth

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF

AUG 16 1960

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_____ Signed Raymond C. Harber

Signature of Student Embalmer

Licensed Embalmer No. 4626

P. O. Address Versailles

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