

S. No. 2  
1-12-45  
7. 5-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26544

FILED JUL 22 1947

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 100

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
116 W Walnut  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. State Hospital #3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cal Jacob Wetzel

3. (b) If veteran, name war   
3. (c) Social Security No. 44-7-03-2784

4. Sex male 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Judie Wetzel  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Sept 9 1883  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Metz Vernon Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Samuel N Wetzel

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Ann Mann

15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Judie Wetzel

(b) Address State Hospital #3 Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 28 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Nevada Burial Park

18. (a) Signature of funeral director Thompson Funeral Home  
(b) Address Nevada Mo

19. (a) 7-14-47 (Date received local registrar) (b) Rathbone Hainey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1947 hour 2 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 4-17-46 19 to 6-25 19 47  
that I last saw him alive on 6-29 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease with congestive heart failure  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93P  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. Bratta Ouis (M. D. or other) \_\_\_\_\_  
Address Nevada Mo Date signed 6-22-47

RECEIVED  
District Health Officer No. 7  
District File Number 7-2177  
Date Filed  
APR 26 1948  
6-47-849

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 Me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed L. B. Ferry  
Licensed Embalmer No. 1760  
P. O. Address Nevada 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 this body is not embalmed, fact should be so stated above.