

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14171

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5999 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Center, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Center, Missouri	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Fredrick	b. (Middle) W.	c. (Last) Vahle	4. DATE OF DEATH (Month) (Day) (Year) March 30 1950
-------------------------------------	-------------------------------	--------------------------	---------------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 7, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 5	IF UNDER 6 WKS. Days 23	IF UNDER 24 HRS. Hours 	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Quincey, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Henry Vahle	13b. MOTHER'S MAIDEN NAME Annie Balkor	14. NAME OF HUSBAND OR WIFE Mary Leigh Vahle
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Vahle, Center, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 minutes
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Unknown		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		4202	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1949, to March 30, 1950, that I last saw the deceased alive on March 30, 1950, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.H. Brooks, Jr., D.O.	23b. ADDRESS Center, Missouri	23c. DATE SIGNED 4-8-50
---	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/2/50	24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Center, Missouri
--	----------------------------	--	--

DATE REC'D BY LOCAL REG. 4/8/50	REGISTRAR'S SIGNATURE Clyde W. Kelley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Conrad W. Wier, Perry, Missouri
---	---	--

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED APR 18 1950
District Health Officer No.
District File Number.....4-22-6.
Date Filed APR 18 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Clyde C. Wilkey

Signed.....
Student Embalmer

Licensed Embalmer No.....3822

P. O. Address.....*Perry, Pa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.