.S. No. 300
EV. 10.48

0140

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

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32846

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5166 Registrar's No. 358

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson Township
c. LENGTH OF STAY (In this place): About 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia 0104
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Zadok c. (Last) Wenn
4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 5, 1876
9. AGE (In years last birthday): 74 — If under 1 year: Months 0, Days 18 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machinist
10b. KIND OF BUSINESS OR INDUSTRY: DK
11. BIRTHPLACE (State or foreign country): Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Absalom Wenn
13b. MOTHER'S MAIDEN NAME: Eliza Riggs
14. NAME OF HUSBAND OR WIFE: Nella Wenn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Joe Muster — ADDRESS: Auxvasse, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocarditis — months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 422

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 13, 1950, *to* Oct. 23, 1950, *that I last saw the deceased alive on* Oct. 21, 1950, *and that death occurred at* 6:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. H. Bommer (Degree or title) M.D.
23b. ADDRESS: Auxvasse Mo.
23c. DATE SIGNED: 10-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 27, 1950
24c. NAME OF CEMETERY OR CREMATORY: Auxvasse
24d. LOCATION (City, town, or county) (State): Auxvasse Mo.

DATE REC'D BY LOCAL REG.: Oct. 27-1950
REGISTRAR'S SIGNATURE: Marietta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Hughes Mauzin — ADDRESS: Auxvasse Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 30 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Hughes Mankin

Signed.....
Student Embalmer

Licensed Embalmer No. 2358

P. O. Address Auxvasse, Mo

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

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