

FILED JAN 16 1951

STANDARD CERTIFICATE OF DEATH

1932
State File No.

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Haw Creek Twp. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles north Stover</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles north of Stover</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josie</u> b. (Middle) _____ c. (Last) <u>Wessel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 5, 1863</u>
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Miller County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Unknown Heinds</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Wessel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Wessel</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of hip</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
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) (Minute)		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 <u>Jan 6, 1951</u> , to <u>Jan 9, 1951</u> , that I last saw the deceased alive on <u>Jan 6, 1951</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. J. Swan MD</u>		23b. ADDRESS <u>Overstreet Mo</u>	
23c. DATE SIGNED <u>Jan 10/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 11, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Stover, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. L. Levinson</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 12 1951</u>		REGISTRAR'S SIGNATURE <u>Sam L. Rippergero</u>	
25. ADDRESS <u>Stover, Mo.</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

0710

RECEIVED 1-15-56

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Dated 1-15-56

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 _____

James R. Berwies

Student Embalmer No. 404

working under my personal supervision.

Student *James R. Scribner*
Student Embalmer

Signed *J. L. Stevinson*

Licensed Embalmer No. 4073

P. O. Address *Stover, 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.