

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33365

State File No.

FILED OCT 16 1951

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 519

0420

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Calhoun</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Gorman</u>		b. (Middle) <u>D</u>		c. (Last) <u>Wietrick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 9 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 14 1914</u>		9. AGE (In years last birthday) <u>37</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Chillicothe Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Marlen Wietrick</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Howell</u>		14. NAME OF HUSBAND OR WIFE <u>Delta Wietrick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. P. Wietrick</u>	
(If yes, give war or dates of service)		ADDRESS <u>Calhoun Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-2-2</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 10-4, 1951, to 10-9, 1951, that I last saw the deceased alive on 10-8, 1951, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph Jordan</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Windsor Mo</u>		23c. DATE SIGNED <u>10-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 11</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct-11-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		425		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Housey</u>	
						ADDRESS <u>Calhoun Mo</u>	

RECEIVED OCT 15 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed OCT 15 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed J. R. Houseley
Licensed Embalmer No. 3502

P. O. Address Calhoun 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.