

FILED OCT 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34639**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>		c. LENGTH OF STAY (in this place) <u>37 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> <u>0362</u>		d. STREET ADDRESS (If rural, give location) <u>512 W. 5<sup>th</sup> St.</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>512 W. 5<sup>th</sup> St.</u>					
3. NAME OF DECEASED a. (First) <u>EDWARD C</u> b. (Middle) <u>WILMESHER</u> c. (Last) <u>WILMESHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-21-1952</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>Dec 11-1870</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> IF UNDER 11 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>J. H. Wilmesher</u>		13b. MOTHER'S MAIDEN NAME <u>Wilmina Klein</u>		14. NAME OF MARRIAGE OR WIFE <u>Hattie Seibender</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hattie Wilmesher Washington 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cor. Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>4222</u> 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 <u>Feb 1</u> , 19 <u>57</u> , to <u>Oct 21</u> , 19 <u>52</u> that I last saw the deceased alive on <u>Oct 20</u> , 19 <u>52</u> , and that death occurred at <u>11:45</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R. P. Ozv M.D.</u>			23b. ADDRESS <u>Washington Mo</u>		23c. DATE SIGNED <u>10/22/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-24-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Paul</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Mo</u>
DATE REC'D BY LOCAL REG. <u>Oct. 23, 1952</u>		REGISTRAR'S SIGNATURE <u>J. P. Hedmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gerald W. Meyer</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0362

**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.....

*Stanley E. Meyer*

Licensed Embalmer No. *2639*

P. O. Address *Herald Pico*

**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.