

No. 300  
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NOV OCT 29 1952

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **37324**

XC 1645386  
REG #105346

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2613**

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

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PUXICO</b> <b>1030</b>	
c. LENGTH OF STAY (In this place) <b>11 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE #3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b>			

3. NAME OF DECEASED (Type or Print) <b>MARTIN WILFONG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-10-52</b>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9-14-91</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Days _____ IF UNDER 12 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>PUXICO, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>DAVE WILFONG</b>		13b. MOTHER'S MAIDEN NAME <b>BELLE WILSON</b>		14. NAME OF HUSBAND OR WIFE <b>ESTHER WILFONG</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES			
		DUE TO (b) _____			
		DUE TO (c) _____			<b>4200</b>
		11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) <b>VA</b>		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 **9-29-52**, 19**52**, to **10-10-52**, 19**52**, and that death occurred at **4:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Donke</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>VAH JEFFERSON BARRACKS, MO.</b>		23c. DATE SIGNED <b>10-10-52</b>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>Resting Motor</b>		24b. DATE <b>10-10-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BROWN</b>	
24d. LOCATION (City, town, or county) (State) <b>PUXICO, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>		ADDRESS <b>6322 S. Grand</b>	

DATE REC'D BY LOCAL REG. **10-10-52** REGISTRAR'S SIGNATURE **Herbert R. Donke MD** (Licensed Embalmer's Statement on Reverse Side)

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 *David Van Prosen*.....

Licensed Embalmer No. *4342*

P. O. Address *631-280 Grand*

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.