

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38435

State File No. _____

REC'D DEC 7 1953

BIRTH NO. _____		REG. DIST. NO. <u>48</u>		PRIMARY REG. DIST. NO. <u>51730</u>		Registrar's No. <u>5</u>		
1. PLACE OF DEATH a. COUNTY <u>Callaway</u> <u>Summit</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>				
b. CITY OR TOWN <u>Cedar City</u>		c. LENGTH OF STAY (in this place) <u>26 yrs.</u>		c. CITY OR TOWN <u>Cedar City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Town</u>				• STREET ADDRESS (if rural, give location) <u>In Town</u> <u>0140</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u>			b. (Middle) <u>Wachunt</u>		c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25-1953</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>March 7-1905</u>		
9. AGE (In years last birthday) <u>48</u>		10. IF UNDER 1 YEAR <u>8</u> Months <u>18</u> Days		11. IF UNDER 4 HRS. Hours <u>18</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bridge Bldg.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>R. S. Wachunt</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hecker</u>		14. NAME OF HUSBAND OR WIFE <u>Christine Wachunt</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Christine Wachunt-Cedar City</u> ADDRESS _____				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intentional Operation</u> ANTECEDENT CAUSES <u>Intra Abdominal Carcinomatosis</u> DUE TO (b) _____ DUE TO (c) <u>Primary Carcinoma Colon</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>July 1951</u> <u>Nov 21 1953</u>	
19a. DATE OF OPERATION <u>Feb 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Transverse Colon</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) <u>153X</u>				
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>July</u> , 19 <u>51</u> , to <u>11-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-18</u> , 19 <u>53</u> and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John W. McHenry M.D.</u> (Degree or title)				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>11/30/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 28 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Casket</u>		24d. LOCATION (City, town, or county) (State) <u>Casket Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 4-1953</u>		REGISTRAR'S SIGNATURE <u>R. P. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Anderson-Jensen-J.C. Mo.</u> ADDRESS _____				

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

M. Honey

DEC 17 1953

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.....
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. *364*

P. O. Address *[Handwritten]*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.