

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11509

State File No.

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5422 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BOONE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - Boone 0360</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>6 mi south of GERALD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 5 mi south of GERALD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED ROBERT</u> b. (Middle) <u>WENKEL</u> c. (Last) <u>WENKEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 17 55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>11-29-1874</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>LESLIE MO</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRITZ WENKEL</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF _____ OR WIFE <u>ROSETTE CUNEIFO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Wenkel Gerald Mo</u>		ADDRESS <u>Gerald 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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Self-inflicted gunshot</u> DUE TO (c) <u>wound in head</u> 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>E976 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at farm</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Boone Franklin MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 17 1955 6:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self-Inflicted</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John L. D. Oltmann coroner</u>		23b. ADDRESS <u>Gerald Mo</u>	
23c. DATE SIGNED <u>Apr. 17, 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SCHMIDT</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO. ART</u>
DATE REC'D BY LOCAL REG. <u>4-18-1955</u>	REGISTRAR'S SIGNATURE <u>John Charles Jenkins</u>	503	25. GENERAL DIRECTOR'S SIGNATURE <u>E. J. Meyer</u> ADDRESS <u>Gerald Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0360
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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

Shirley E. Meyer

Licensed Embalmer No. *4639*

P. O. Address *Herald, 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.