

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14453**

FILED APR 26 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY OR TOWN <b>Nevada</b>		c. CITY OR TOWN <b>Rural, Newport Twp.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>4 hours</b>		f. STREET ADDRESS (If rural, give location) <b>Route 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MERLYN</b>	b. (Middle) <b>HOLTZEN</b>	c. (Last) <b>WESSLER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 17, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 11, 1930</b>	9. AGE (In years last birthday) <b>25</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheet Metal Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Motors Corp.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Carleton, Nebraska</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Henry John Wessler</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Ramona Moltzen</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean War</b>	16. SOCIAL SECURITY NO. <b>486-32-9936</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Henry Wessler</b>	ADDRESS <b>Lamar, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Severe Laceration Brain</b>		<b>4 1/2 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture skull</b>		<b>4 1/2 hrs</b>
DUE TO (c) <b>Automobile accident</b>		<b>4 1/2 hrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Laceration left chin. Fracture Rt. fem. Severe laceration lower Rt. medial leg and heel.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Auto accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <b>US 71 near Shelton Mo</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Shelton Vernon Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 17 1955 7:17 am</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto accident US 71</b>
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22. I hereby certify that I attended the deceased from **April 17, 1955** to **April 17, 1955**, that I last saw the deceased alive on **April 17, 1955**, and that death occurred at **7:17 am**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Rolland Bray M.D.</b>	23b. ADDRESS <b>Nevada Mo</b>	23c. DATE SIGNED <b>4-17-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 20, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lamar, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-20-1955</b>	REGISTRAR'S SIGNATURE <b>Anna &amp; Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chiles Funeral Home</b>	ADDRESS <b>Lamar, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

17 28 1967

APR 27 1967

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..... *Clarence W. Chiles*

Licensed Embalmer No. *347*

P. O. Address *Lana W.*

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.