

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

216

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>24 days</u>		c. CITY OR TOWN <u>Edgar Springs</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>University Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0810</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Wichmann</u>			4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>14</u> (Year) <u>56</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Jan 11 1893</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph Wichmann</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Dietz</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-01-7765</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Murle Riley - Edgar Springs Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
19a. DATE OF OPERATION <u>1-27-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach with spread to pancreas &amp; large 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) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		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>12-20-1955</u> , to <u>1-13, 1956</u> , that I last saw the deceased alive on <u>1-13-</u> , 19 <u>55</u> , and that death occurred at <u>9:30 A. m.</u> , <u>1-14-56</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh S. Stephenson Jr. M.D.</u>		23b. ADDRESS <u>107 Parker Hospital</u>		23c. DATE SIGNED <u>1-14-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fitcherson Cem.</u>		24d. LOCATION (City, town, or county) <u>Nevas Co.</u> (State) <u>770</u>	
DATE REC'D BY LOCAL REG. <u>Jan 14, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.E. Ferguson</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1956

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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.....  
Signature of Student Embalmer

Signed *Ernest E. Figueroa*

Licensed Embalmer No. *394*

P. O. Address *Rocky*

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.