

FILED FEB 14 1956

STANDARD CERTIFICATE OF DEATH

State File No. **2534**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. CITY OR TOWN Farmington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 60 yrs		e. STREET ADDRESS (If rural, give location) 413 N "A" St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 413 N "A" St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Bertha	b. (Middle) Emma	c. (Last) Wichman	4. DATE OF DEATH (Month) (Day) (Year)
				Feb 3 1956

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH March 4, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Days 10	IF UNDER 24 HRS. Hours 29	10. MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retired Clerk		11. BIRTHPLACE (City and State or Foreign Country) St. Francois County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME August Wichman	13b. MOTHER'S MAIDEN NAME Fredericka Hoffmeister	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 488 01 2614	17. INFORMANT'S SIGNATURE OR NAME Mrs W.H. Ward, Bonne Terre, Mo.	ADDRESS
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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* Incontinence Debilitation		2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Metastases carcinoma DUE TO (c) Carcinoma sigmoid		3 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 7-3-56	19b. MAJOR FINDINGS OF OPERATION C.A. Sigmoid	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 1956, to 2-3-56, that I last saw the deceased alive on 2-3-56, 1956, and that death occurred at 3:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul P. Ebelgen D.O.	23b. ADDRESS Farmington Mo	23c. DATE SIGNED 2-4-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/6/56	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Mo.
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DATE REC'D BY LOCAL REG. Feb. 4, 1956	REGISTRAR'S SIGNATURE Cather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home, Farmington, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Paul H. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmington

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.