

FILED FEB 27 1956 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 39 PRIMARY REG. DIST. NO. 3006 Registrar's No. 76

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>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</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 (If not in hospital or institution, give street address or location) <u>410 Turner Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>410 Turner Ave.</u> <u>01050</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WEHRMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1956</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>April 1, 1877</u>
9. AGE (In years) (last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Retired Carpenter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Beecher, Illinois.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Carpenter</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry August Wehrmann</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe Filsner</u>	14. NAME OF HUSBAND OR WIFE <u>Sabina Elizabeth Stone</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-18-4606</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frederick H. Wehrmann, Columbia, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>	
ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>		DUE TO (c)	
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		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>331x</u>
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>20 Aug. 1879</u> , to <u>22 Feb. 1956</u> , that I last saw the deceased alive on <u>22 Feb. 1956</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>RP Ladenson MD</u>		23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>22 Feb 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 25, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ewing Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ewing, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 24 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker Funeral Service Columbia Mo</u>	

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.....
Licensed Embalmer No. 48
P. O. Address Columbus

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.