

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6056**

FILED FEB 29 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 58

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

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) Leadwood		c. LENGTH OF STAY (in this place) 2 hrs.	c. CITY OR TOWN Desloge
d. FULL NAME OF HOSPITAL OR INSTITUTION Baker Mine, St. Joe Lead Co.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 403 Jackson Street		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) (none)	c. (Last) Wurst
4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1956		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 7/27/1903		9. AGE (in years) (Months) (Days) (Hours) (Mins.) 52 6 23 9 hrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY St. Joe Lead Co	
11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Wurst		13b. MOTHER'S MAIDEN NAME Kate Pierce	
13c. NAME OF PREDECESSOR OR WIFE Martha Schaefer Wurst		14. NAME OF PREDECESSOR OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Martha Schaefer Wurst, Desloge, Mo		ADDRESS	
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: Hypertension: myocardiob		INTERVAL BETWEEN ONSET AND DEATH 1 month	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE OF (a) arteriosclerosis	
DUPLICATE OF (b) virus infection		DUPLICATE OF (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443XC	
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 (Month) (Day) (Year) (Hour) OF INJURY	
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>1/20</u> , 19 <u>56</u> , to <u>2-20</u> , 19 <u>56</u> that I last saw the deceased alive on <u>2-7</u> , 19 <u>56</u> and that death occurred at <u>9:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) B. B. Barrow MD		23b. ADDRESS Flat River MO	
23c. DATE SIGNED 2-21-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2/22/1956		24c. NAME OF CEMETERY OR CREMATORY Herod Cemetery	
24d. LOCATION (City, town, or county) (State) Cantwell, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE C.Z. Boyer & Son	
DATE REC'D BY LOCAL REG. Feb. 21, 1956		ADDRESS Desloge, Mo.	

MAR 27 1957

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 *B. T. Boyer*
Licensed Embalmer No. *36*

P. O. Address *Heslop*

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.