

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8896

State File No.

FILED APR 16 1956

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 2023 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Deepwater</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>Clinton General Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0420</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WIRSIG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 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>Aug. 13, 1878</u>
9. AGE (In years less birthday) <u>77</u> Months <u>7</u> Days <u>25</u>		IF UNDER 1 YEAR <u>7</u> IF UNDER 14 HRS. <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa, Farmington</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>August Wirsig</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Vornkahl</u>		14. NAME OF HUSBAND OR WIFE <u>Hallie Wirsig</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>490-09-7036</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cecil Coulter, Chilhowee, Mo. RFD#1,</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> ANTECEDENT CAUSES <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>5 yrs.</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 <u>4200</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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>4-7, 1956</u> , to <u>4-8, 1956</u> , that I last saw the deceased alive on <u>4-8, 1956</u> , and that death occurred at <u>8:22 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W.W. Bradshaw, M.D.</u>		23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>4/10/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 11, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-10-56</u>	REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.A. Tausant, Clinton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1958

APR 20 1958

DEC 18 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 *N.A. Vansant*.....

Licensed Embalmer No. 377

P. O. Address *Clinton, N.Y.*

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.