

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42205

STATE FILE NUMBER

FILED JAN 4 1957

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Charleston</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Charleston</b>		Inside Limits 067 7 0Y-30 No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>305 Hunter St.</b>			Length of stay in lb <b>9 Years</b>	d. STREET ADDRESS <b>305 Hunter St.</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Carl</b> Middle <b>Emil</b> Last <b>Wasem</b>				4. DATE OF DEATH Month <b>11</b> Day <b>25</b> Year <b>56</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>4/26/1904</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Magazine Distr.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Magazines Wholesale</b>		11. BIRTHPLACE (City and state or country) <b>Dexter, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Harry Charles Wasem</b>				14. MOTHER'S MAIDEN NAME <b>Bertha Brucher</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Mary Wasem, Charleston, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ac. coronary thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chr. Myocarditis</b> DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b> <b>2 gra +</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Hypertension</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <b>10:15</b> a. m. <b>A</b> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY	STATE
21. I attended the deceased from <b>Oct 11 1956</b> to <b>Nov 25 1956</b> and last saw him alive on <b>11/24/56</b> Death occurred at <b>10:15 A m</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>E. Lee Rowling M.D.</b> (Degree or title)				22b. ADDRESS <b>Charleston Mo</b>		22c. DATE SIGNED <b>11/29/56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11/27/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wickliffe Cemetery</b>		23d. LOCATION (City, town, or county) <b>Wickliffe, Ky.</b>		(State)
24. FUNERAL DIRECTOR <b>John P. Munnellee</b> ADDRESS <b>The Nunnelee Funeral Chapel</b>			25. DATE RECD. BY LOCAL REG. <b>12-27-56</b>		26. REGISTRAR'S SIGNATURE <b>Dorothy B. Hathorn</b>		

(Licensed Embalmer's Statement on Reverse Side)

300  
-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED  
Miss. Co. Health D  
County File No. \_\_\_\_\_  
Date Filed 1-2-5

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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 em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John T. Mummolo Jr.

Licensed Embalmer No. 58

P. O. Address Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.