

FILED DEC 17 1956

STANDARD CERTIFICATE OF DEATH

State File No. **42282**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 2048 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. LENGTH OF STAY (in this place) <b>2 weeks</b>	c. CITY OR TOWN <b>Clyde</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Benedictine Convent of Perpetual Adoration</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b>	b. (Middle) -----	c. (Last) <b>WACHTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>November 24, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>December 28, 1893</b>	9. AGE (in years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Janitorial</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Nodaway county, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John F. Wachter</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Jennewein</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>496-42-4550</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Benedictine Convent of Perpetual Adoration</b>	ADDRESS <b>Clyde, Mo.</b>
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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* (a) <b>Culmenary emboli</b>		<b>10 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Post-operative embolization</b> DUE TO (c) <b>chronic embolization &amp; leathrosis</b>		
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 <b>584.X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov, 1956, to Nov. 24, 1956, that I last saw the deceased alive on Nov. 24, 1956, and that death occurred at 6:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. J. Sylvest</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Marquette Mo</b>	23c. DATE SIGNED <b>12-8-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 27, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Coomba Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Conception, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-10-56</b>	REGISTRAR'S SIGNATURE <b>Bess Holt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanberry, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFAADING 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, *of / by* ..... Student/Embalmer/No. ....

~~/working under my personal supervision/~~

Student .....  
Signature of Student Embalmer

Signed *Rose Ann Johnson* .....

Licensed Embalmer No. *4918* .....

P. O. Address *Stanberry, Miss* .....

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.