

No. 300
10.48

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

FILED MAY 6 - 1957

STANDARD CERTIFICATE OF DEATH

45012

State File No. _____

45012

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. MO. 61 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY CALDWELL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY CALDWELL

b. CITY (If outside corporate limits, write RURAL and give township) BRAYMER
c. LENGTH OF STAY (in this place) LIFETIME

c. CITY OR TOWN BRAYMER
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION NONE

e. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
a. (First) CHARLEY b. (Middle) W. c. (Last) WETZEL 4. DATE OF DEATH (Month) (Day) (Year) 10/1/1956

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 7/9/1886 9. AGE (in years last birthday) 70 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING

10b. KIND OF BUSINESS OR INDUSTRY FARMER

11. BIRTHPLACE (City and State or Foreign Country) PLYMOUTH, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME FERDINAND WETZEL

13b. MOTHER'S MAIDEN NAME ADELIA SEITZER

14. NAME OF HUSBAND OR WIFE NELLIE M. WETZEL

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. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS NELLIE M. WETZEL, BRAYMER, MO.

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) Pulmonary Embolism
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Angina Pectoris
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 hr
years
years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? Y
YES NO

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) 4202

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct 1, 1956 to Oct 1, 1956, that I last saw the deceased alive on Oct 1, 1956, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John R. Crank D.D.

23b. ADDRESS Braymer, Mo.

23c. DATE SIGNED 10/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 10/4/1956

24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY

24d. LOCATION (City, town, or county) (State) BRAYMER, MO.

DATE REC'D BY LOCAL REG. 5-6-57

REGISTRAR'S SIGNATURE Elyse A. Bridges

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geneb. Michael, Braymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JULY 23 1959

VS AUG 13 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ~~.....~~ Student Embalmer No. ~~.....~~

~~working under my personal supervision.~~

~~Student~~.....
Signature of Student Embalmer

Signed *Geneb. Michael*.....

Licensed Embalmer No. *4340*

P. O. Address *Braymer*.....

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