

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

State File No. **27169**
Registrar's No. **29**

FILED AUG 12 1957

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **3073**

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) CHAFFEE		c. CITY OR TOWN CHAFFEE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 YRS.		e. STREET ADDRESS (If rural, give location) 111 NORTH THIRD ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 111 NORTH THIRD ST.			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) HAMPTON c. (Last) WEHMEYER			4. DATE OF DEATH (Month) (Day) (Year) July 25 1957		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH SEPT. 9, 1948		9. AGE (in years last birthday) 8		10. IF UNDER 1 YEAR: Months 10 Days 16 Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) KIRKSVILLE MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME WALTER HAROLD WEHMEYER		13b. MOTHER'S MAIDEN NAME SARAH ANN SNEED		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME WALTER H. WEHMEYER-CHAFFEE, Mo. ADDRESS -	

18. CAUSE OF DEATH: Enter one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) ASPIRATION OF VOMITUS JEERING		3 HRS.	
		DUE TO (c) MENINGITIS ADHESIONS		1 YR.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MALNUTRITION			

19a. DATE OF OPERATION 2/10/56		19b. MAJOR FINDINGS OF OPERATION Medullo blastoma		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) -		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 **7-15**, 19**56**, to **7-25**, 19**57**, that I last saw the deceased alive on **7/25**, 19**57**, and that death occurred at **1:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.M. Stevenson D.O.		23b. ADDRESS 2 Hinch Bldg.		23c. DATE SIGNED 7/25/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 27, 1957		24c. NAME OF CEMETERY OR CREMATORY FORREST HILLS CEMETERY	
24d. LOCATION (City, town, or county) (State) (NEAR) MORBEY (SCOTT) MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Fred Bisplinghoff		25. FUNERAL DIRECTOR'S ADDRESS BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.	
DATE REC'D BY LOCAL REG. 8-2-57		REGISTRAR'S SIGNATURE Mrs. Fred Bisplinghoff			

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

475

DATE RECEIVED AUG 5 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 857-165

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

Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee Minn

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.