

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014038  
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 141 Primary Registration District No. 5554 Registrar's No. 77

300  
1-57  
60

1. PLACE OF DEATH a. COUNTY <u>Hosack</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hosack</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Katersville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Katersville</u> 0480 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Katersville</u> Length of stay in 1b <u>61478</u>		d. STREET ADDRESS (If outside, give location) <u>R 22</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Walter Bert</u> Middle <u>Wilhelmus</u> Last <u>Wilhelmus</u>		4. DATE OF DEATH Month <u>3</u> Day <u>31</u> Year <u>58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-20-1897</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u></u>	9c. BIRTHPLACE (City and state or country) <u>Cureall, Mo.</u>
10a. FATHER'S NAME <u>W. Wilhelmus</u>		10b. MOTHER'S MARDEN NAME <u>Mary Wilson</u>	10c. NAME OF HUSBAND OR WIFE <u>Grace J. Wilhelmus</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>		12. SOCIAL SECURITY NO. <u>408</u>	13. INFORMANT <u>Grace Wilhelmus</u> Address <u>Katersville, Mo.</u>
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>Coronary thrombosis</u> 4201 DUE TO (c) <u>Generalized arteriosclerosis</u> 4 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive cardiovascular renal disease</u>			15. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10 days</u> <u>4 years</u> 16. 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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <u>May 1955</u> to <u>3/31/58</u> and last saw <u>him</u> alive on <u>3/27/58</u> Death occurred at <u>7:20 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. L. Fowler M.D.</u>		22b. ADDRESS <u>West Plains Mo</u>	
22c. DATE SIGNED <u>4/16/58</u>			
23a. BURIAL CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE <u>4-3-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hosack Hill</u>		23d. LOCATION (City, town, or county) (State) <u>Katersville Mo</u>	
24. FUNERAL DIRECTOR <u>Roberts</u> ADDRESS <u>West Plains Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-29-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *D. J. Roberts* .....

Licensed Embalmer No. *343* .....  
P. O. Address *West Hill* .....

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.