

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015253

STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Phelps</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rolla Missouri</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Newburg Mo</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Phelps County Hospital</i>		Length of stay in 1b <i>1 DAY</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Joseph C WANN</i>			4. DATE OF DEATH Month Day Year <i>April 29 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 11 1878</i>
9a. AGE (In years last birthday) <i>80</i>		9b. FUNDER 1 YEAR Months Days Hours Min. <i>2 17</i>	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TIE BUYER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>R.R.</i>	11. BIRTHPLACE (City and state or country) <i>Phelps County Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>Joseph WANN</i>	
13b. MOTHER'S MAIDEN NAME <i>SARAH UNK</i>		14. NAME OF HUSBAND OR WIFE <i>Alice FARRAR WANN</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>493-01-3965</i>	17. INFORMANT Address <i>RAY, WANN Newburg Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Coronary heart disease</i> DUE TO (c) <i>Arterio-sclerotic heart disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (as related to the principal disease condition given in PART I (a)) <i>&amp; nephrotic</i>			INTERVAL BETWEEN ONSET AND DEATH <i>7 hours</i> <i>4 or 5 yrs</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. INJURY OCCURRED WHILE AT <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 COUNTY STATE <i>Newburg Mo</i>
21. I attended the deceased from Death occurred at <i>April 28 11:07 PM</i> to <i>April 28 11:07 PM</i> and last saw her alive on <i>April 28, 1958</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Richard E. Myers M.D.</i>		22b. ADDRESS <i>Newburg, Mo.</i>	22c. DATE SIGNED <i>April 29 1958</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>4/30/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CRaddock Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Near Lickling Mo.</i>
24. FUNERAL DIRECTOR <i>Lee Johnson</i>		ADDRESS <i>Newburg Mo</i>	25. DATE RECD. BY LOCAL REG. <i>Apr 29, 1958</i>
26. REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

300 -57

812

Doctor, coroner, etc. must use only standard nomenclature in terms of cause of death. All diseases in Part I must be causally related.

RECORDED

Phelps County Health Officer,

8961 I JES

County File Number 10-26-~~8~~

Date Filed May 8-'58

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 William Lee Strawhorn

Licensed Embalmer No. 5093

P. O. Address Newburg, Mo.

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.