Health, Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022415
STATE FILE NUMBER

FILED JUN 25 1958 Registration District No. 171 Primary Registration District No. 4265 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Napoleon — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in 1b: 60 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Napoleon — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No X

0540

3. NAME OF DECEASED (Type or print): First: ALICE Middle: CAROLINE Last: WULFEKAMMER

4. DATE OF DEATH Month: May Day: 29 Year: 1958

5. SEX: Female **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH:** Oct. 10, 1886 **9. AGE** (In years last birthday): 71 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): School Teacher **10b. KIND OF BUSINESS OR INDUSTRY:** School **11. BIRTHPLACE** (City and state or country): Hostein, Missouri 0 **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: John H. Wulfekammer **14. MOTHER'S MAIDEN NAME:** Louise H. Moeller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No **16. SOCIAL SECURITY NO.:** **17. INFORMANT** Address: Mary H. Wulfekammer Napoleon, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardia Decompensation — 9 Mo.
DUE TO (c) Arteriosclerosis 4201 — 4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 10-21-56 to May 29, 1958 and last saw ~~him~~ her alive on May 21-58
Death occurred at 7:50 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D.O. **22b. ADDRESS:** Wellington, Mo. **22c. DATE SIGNED:** 5-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 5/31/1958 **23c. NAME OF CEMETERY OR CREMATORY:** St. Paul's E.&R. **23d. LOCATION** (City, town, or county) (State): Napoleon, Mo.

24. FUNERAL DIRECTOR ADDRESS: J. C. Sheppard Wellington, Missouri **25. DATE RECD. BY LOCAL REG.:** June 16 1958 **26. REGISTRAR'S SIGNATURE:** Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 0 1968

OCT 5 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Clair Sheppard

Licensed Embalmer No. 41

P. O. Address Wellington

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