

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022596
STATE FILE NUMBER

FILED JUN 19 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Low Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN DURHAM Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ELIZABETH		Length of stay in 1b 1 day	0640 STREET ADDRESS (If outside, give location) ROUND GROVE TRSP Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LRA LEACH WENNEKER			4. DATE OF DEATH Month Day Year 6 16 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 22 1904
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder
10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal		11. BIRTHPLACE (City and state or country) MARION Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME FRANK F. WENNEKER		13b. MOTHER'S MAIDEN NAME FANNIE LEACH	14. NAME OF HUSBAND OR WIFE RUTH WENNEKER
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. 487-18-1945	17. INFORMANT Address Ruth Wenneker Durham Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic heart disease, mitral stenosis DUE TO (c) 410X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 PM
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. 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
21. I attended the deceased from 6/16/58 to 6/16/58 and last saw him alive on 6/16/58 Death occurred at 10:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wynell Hamilton MD (Degree or title)		22b. ADDRESS Hannibal, Mo.	22c. DATE SIGNED 6/17/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6/19/58	23c. NAME OF CEMETERY OR CREMATORY Bonbow Cemetery	23d. LOCATION (City, town, or county) (State) 6 miles south Ewing, Mo.
24. FUNERAL DIRECTOR Thomas Ball ADDRESS Ewing Mo		25. DATE RECD. BY LOCAL REG. 6-17-1958	26. REGISTRAR'S SIGNATURE J. C. Fisher

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED JUN 18 1958

MARION CO. HEALTH DEPT.

DATE FILED JUN 18 1958

58942

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 *R. M. Cahill*

Licensed Embalmer No. *4905*

P. O. Address *Faring M*

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.