

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029662

STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED SEP 9 1958		Registration District No. 206	Primary Registration District No. 15745	Registrar's No. 38
1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN CENTRAL Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN SACO STAR RT. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION 6 MILES S.W. FREDERICKTOWN 13 yrs		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 6 MILES S.W. FREDERICKTOWN		
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE MARTIN WAYNE			4. DATE OF DEATH Month Day Year SEPT 3 1958	
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 23 1880	9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLBRIGHT FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY OWENS BORO KY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT Address MRS. EUGENE HOODYSHELL MT. HOPE ARK
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Leukemia				INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) 2044
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 <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. INJURY OCCURRED WHILE AT WORK <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 June 26, '56 to Sept. 3, 1958 and last saw him alive on Sept. 3, 1958. Death occurred at 11:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Charles E. Michaelis M.D.		22b. ADDRESS 135 S. Maine Ln. Chaffee, Fredericktown, Missouri		22c. DATE SIGNED Sept. 4, 1958
23a. BURIAL LOCATION (City, town, or county) Fredericktown	23b. DATE SEPT. 7 1958	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE		23d. LOCATION (City, town, or county) (State) BELLEVILLE, ILL.
24. FUNERAL DIRECTOR ADDRESS ADAMSON-WEBB FREDERICKTOWN		25. DATE RECD. BY LOCAL REG. 9-4-1958	26. REGISTRAR'S SIGNATURE Lawrence Flick	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

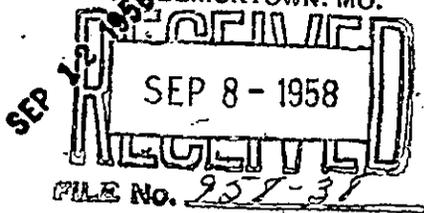
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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ADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



SEP 22 1958

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 Raymond B. Wilson

Licensed Embalmer No. 488

P. O. Address Fredricktown

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