

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033466

STATE FILE NUMBER

FILED SEP 17 1958

Registration District No. 195 Primary Registration District No. —

Registrar's No. 80-58

S. 300
Y. 1-57

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ANDERSON (R) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN ANDERSON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION NONE Length of stay in lb 7 yrs		d. STREET ADDRESS (If outside, give location) RT 2 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last REUBEN W. WEHSH			4. DATE OF DEATH Month Day Year 9-6-1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1889
9. AGE (In years last birthday) 69		FUNDER 1 YEAR Months Days 6 17	IF UNDER 24 HRS. Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rwy Express Emp		10b. KIND OF BUSINESS OR INDUSTRY RET.	11. BIRTHPLACE (City and state or country) Webb City, Mo
12. CITIZEN OF WHAT COUNTRY? U. S.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME B. H. WEHSH		13b. MOTHER'S MAIDEN NAME EDITH J. MORGAN	
14. NAME OF HUSBAND OR WIFE ANNA WEHSH		14. NAME OF HUSBAND OR WIFE ANNA WEHSH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/>) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 714-01-3010	
17. INFORMANT Mrs Anna Wehsh		17. INFORMANT Address Mrs Anna Wehsh	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quoderna Carcinoma DUE TO (b) Long standing gastric ulcer DUE TO (c) also varicose ulcers			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1520			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	
21. I attended the deceased from Aug 30th to Sept 6 '58 and last saw ^{him} alive on Sept 6th 1958 Death occurred at Sept 6, '58 7:30pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. J. Lewis, M.D.		22b. ADDRESS Timonville, Mo	
22c. DATE SIGNED 9/9/58		22c. DATE SIGNED 9/9/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REM		23b. DATE 9-9-1958	
23c. NAME OF CEMETERY OR CREMATORY L.O.O.F.C.E.M.		23d. LOCATION (City, town, or county) (State) MOWETT, Mo	
24. FUNERAL DIRECTOR W. M. Humphrey Jr. P. Overholser		25. DATE REC. BY LOCAL REG. 9-8-58	
26. REGISTRAR'S SIGNATURE Mary G. Bradley		26. REGISTRAR'S SIGNATURE Mary G. Bradley	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

85581 8 120

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 *W. M. Humphrey Jr.*

Licensed Embalmer No. *4708*

P. O. Address *Nash 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.