Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035991
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 268

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp — Length of stay in 1b 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Berger RFD — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 4 Mi So. of Berger — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First JULIUS Middle HERMAN Last WISSMANN
4. DATE OF DEATH Month Oct Day 27 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Sept. 26, 1869
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 1 Days 1 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Drake, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Wissmann
13b. MOTHER'S MAIDEN NAME Augusta Stock
14. NAME OF HUSBAND OR WIFE Anna Wissmann (Dec'd)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Elsie Wissmann, Address Berger Mo. RFD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Arteriosclerotic gangrene left foot — INTERVAL BETWEEN ONSET AND DEATH 2 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) 4501
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Malnutrition; iron deficiency anemia
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 4-11-58 to 10-27-58 and last saw him alive on 10-27-58
Death occurred at 10:00PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl T. Shaw, M.D. (Degree or title) 0
22b. ADDRESS Hermann, Mo.
22c. DATE SIGNED 10-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 30, 1958
23c. NAME OF CEMETERY OR CREMATORY St. John's E&R Cemetery
23d. LOCATION (City, town, or county) Berger (State) Mo
24. FUNERAL DIRECTOR Paul H. Blumer ADDRESS Berger Mo
25. DATE REC'D BY LOCAL REG. 10/30/58
26. REGISTRAR'S SIGNATURE H. C. Stuhlmann

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 .....

Licensed Embalmer No. 316.0

P. O. Address Hermann 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.