Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036003

STATE FILE NUMBER 269

FILED NOV 3 1958

Registration District No. 3020 Primary Registration District No. 5434 Registrar's No. ~~[illegible]~~

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. John's Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R2, Box 33, Washington, Mo. — Length of stay in lb 79 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN Washington — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 0360 R2, Box 33 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Last Wilke

4. DATE OF DEATH Month Day Year Oct. 28, 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH Mar. 9, 1879
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 7 Days 19 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Washington, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Wilke
13b. MOTHER'S MAIDEN NAME Johanna Baumhoefer
14. NAME OF HUSBAND OR WIFE Ida M. Wilke

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. 493-42-6542
17. INFORMANT Mrs. Ida M. Wilke, Address Washington, Mo.

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) Carcinoma of liver (metastates — INTERVAL BETWEEN ONSET AND DEATH 6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of stomach (resected 1955) 4 yrs.
DUE TO (c) 151X
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 ☐

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 April 18, 1958, to Oct 28, 1958 and last saw him alive on Oct 24, 1958
Death occurred at 7:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lommack M. D.
22b. ADDRESS 20 Elm Washington.
22c. DATE SIGNED 10/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 31, 1958
23c. NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery
23d. LOCATION (City, town, or county) (State) Washington, Missouri

24. FUNERAL DIRECTOR Nieburg & Vitt, Inc. L. H. Vitt. ADDRESS Washington, Mo.
25. DATE RECD. BY LOCAL REG. 11/1/58
26. REGISTRAR'S SIGNATURE F. L. Hudmann G. L. Hudmann Jr.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

JAN 5 1959

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 Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, W

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.