

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038768

STATE FILE NUMBER

FILED DEC 2 1958 Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <b>ATCHISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOLT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FAIRFAX</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>MOUND CITY</b> 0448
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>COMMUNITY HOSP.</b>		Length of stay in 1b <b>6 HRS.</b>	d. STREET ADDRESS (If outside, give location) <b>6 miles NORTH</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>(UNNAMED INFANT) WEHRLI</b>			4. DATE OF DEATH Month Day Year <b>NOV. 21, 1958</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 21, 1958</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>FAIRFAX, MISSOURI</b>
13a. FATHER'S NAME <b>CHARLES E. WEHRLI</b>		13b. MOTHER'S MAIDEN NAME <b>BONNIE L. JONES</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>CHARLES E. WEHRLI MOUND CITY, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PRE maturity Incompatible w/ life</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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.) <b>776X</b>		
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 <b>NOV 21, 1958</b> to <b>NOV 21, 1958</b> and last saw her alive on <b>NOV 21, 1958</b> Death occurred at <b>11 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James H. Crawford</i> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Oregon, 620</b>	22c. DATE SIGNED <b>11/22/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11-22-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MOUNT HOPE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>MOUND CITY MO.</b>
24. FUNERAL DIRECTOR <i>James H. Crawford</i> ADDRESS <b>MOUND CITY MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov 25, 1958</b>	26. REGISTRAR'S SIGNATURE <i>Harwin H. Schuler</i>

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 was not embalmed, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed James Crawford .....  
Licensed Embalmer No. 4796 .....  
P. O. Address Mound City .....

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.