

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014022

STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 179 Primary Registration District No. 5671 Registrar's No. 42

300
-57

1. PLACE OF DEATH a. COUNTY Lincoln			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hawkpoint		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi. west of Hawkpoint Missouri		Length of stay in lb 52 yr.	d. STREET ADDRESS (If outside, give location) 5 mi. west of Hawkpoint Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ARTHUR Middle HENRY Last WEHRMAN			4. DATE OF DEATH Month April Day 3 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 19, 1906	9. AGE (In years last birthday) 52	
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) Hawkpoint Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Louis Wehrman		13b. MOTHER'S MAIDEN NAME Mary Leulf		14. NAME OF HUSBAND OR WIFE Frances Wehrman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Frances Wehrman Address Hawkpoint Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION					INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CORONARY THROMBOSIS					INTERVAL BETWEEN ONSET AND DEATH 1 hour
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201					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 _____ a.m. _____ p.m. Month, Day, Year _____					
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 <u>June 1956</u> to <u>April 3, 1959</u> and last saw her/him alive on <u>4/3/59</u> Death occurred at <u>104 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Drus P. Kelly MD</i>			22b. ADDRESS Troy, Mo		22c. DATE SIGNED 4/3/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		23d. LOCATION (City, town, or county) (State) Troy Mo.
24. FUNERAL DIRECTOR D.W. McCoy Troy Mo			25. DATE RECD. BY LOCAL REG. 4-27-1959		26. REGISTRAR'S SIGNATURE <i>Charlotte Leake</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS OCT 24 1960

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 *D.W. McLeary*

Licensed Embalmer No. *3586*

P. O. Address *Troy 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.