

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014153

STATE FILE NUMBER

FILED APR 17 1959 Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 7

300
-57

Health, Welfare, Public Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <i>MILLER</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>MILLER</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Eldon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Eldon</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>413 W. COURT</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>413 W. COURT</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>GRACE Elizabeth WETZEL</i>			4. DATE OF DEATH Month Day Year <i>MAR. 31, 1959</i>
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>CAUCASIAN</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JUNE 15, 1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>79</i> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) <i>MONITEAU Co., Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>JASPER ROBERTSON</i>		13b. MOTHER'S MAIDEN NAME <i>KATE RUSSELL</i>	14. NAME OF HUSBAND OR WIFE <i>ARTHUR WETZEL</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT Address <i>MAX WETZEL Eldon, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio-vascular renal disease</i> 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) <i>442X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Several years</i>
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 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 Death occurred at <i>6 Pm 1954</i> to <i>Mch 31 1959</i> and last saw her alive on <i>Mch 31 1959</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. O. Shelton M.D.</i> (Degree or title)		22b. ADDRESS <i>Eldon, Mo.</i>	22c. DATE SIGNED <i>Apr. 2 '59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>Apr. 2, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>EN/DE</i>	23d. LOCATION (City, town, or county) (State) <i>Russellville MO.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Louis D. Phillips Eldon</i>		25. DATE RECD. BY LOCAL REG. <i>Apr. 2, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Alvernetta Waltz</i>

(Licensed Embolmer's Stamp on Reverse Side)

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 *L. D. Phillips*

Licensed Embalmer No. *3663*
P. O. Address *Calder*

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.