

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024043

FILED VS AUG 14 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 156

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Montgomery							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 4 1/2 Mos.		c. CITY OR TOWN Middletown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nurseing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Prairie Twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First GUSTAV Middle EMIL Last WILLE				4. DATE OF DEATH Month Aug. Day 1 Year 1959							
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/26/1865	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months 8 Days 5	IF UNDER 24 HR Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer			10b. KIND OF BUSINESS OR INDUSTRY general farming		11. BIRTHPLACE (City and state or country) Noven Preushsen, Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME William Wille			13b. MOTHER'S MAIDEN NAME Caroline Quade			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Herman Craft, Middletown, 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) Coronary failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis chronic DUE TO (c) Arteriosclerosis + hypertensive eye							INTERVAL BETWEEN ONSET AND DEATH 2 days 2 yrs 5 yrs				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
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 Month, Day, Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT WORK <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 3-14-59 to 8-1-59 and last saw him alive on 8-1-59 Death occurred at 9:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) M.D. Kallenbach					22b. ADDRESS 119 E. Jackson, Mexico, Mo.			22c. DATE SIGNED 8-4-59			
22d. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)			(State)		
Burial		Aug. 4, 1959	Trinity Lutheran			E. of Wellsville, Mo					
24. FUNERAL DIRECTOR B. Keller ADDRESS Wellsville, Mo				25. DATE RECD. BY LOCAL REG. August-4-1959		26. REGISTRAR'S SIGNATURE Blanche Deely					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard Fryer

Licensed Embalmer No. 4494

P. O. Address Wellsville, N.Y.

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.