

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036910

FILED VS NOV 12 1959 209

STATE FILE NUMBER

Registration District No. 3043 Primary Registration District No. 341 Registrar's No.

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b	c. CITY OR TOWN New London		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R R # 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First TRUMAN Middle LESTER Last WAMSLEY			4. DATE OF DEATH Month October Day 28 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 April 20, 1911	9. AGE (last birthday) 48 IF UNDER 1 YEAR Months 6 Days 8 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman		10b. KIND OF BUSINESS OR INDUSTRY Mack O'Keefe Farm	11. BIRTHPLACE (City and state or country) Clarksville Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Ernest Wamsley		13b. MOTHER'S MAIDEN NAME Virginia Kelly		14. NAME OF HUSBAND OR WIFE Ethel Beers Wamsley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no None		16. SOCIAL SECURITY NO. 491 14 2699	17. INFORMANT Address Mrs. Truman Wamsley New London Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Posterior Septum Myocardial infarct, acute					INTERVAL BETWEEN ONSET AND DEATH 7 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis, moderate DUE TO (c) 					?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If 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 checked="" type="checkbox"/> NO <input 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 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 a.m. 10/28/59 to p.m. 10/28/59 and last saw him alive on 10/28/59 . Death occurred at 4:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) F. E. Sultzman M.D.			22b. ADDRESS HANNIBAL MO		22c. DATE SIGNED Oct 29 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/1/59	23c. NAME OF CEMETERY OR CREMATORY Hydesburg		23d. LOCATION (City, town, or county) (State) Hydesburg Missouri		
24. FUNERAL DIRECTOR ADDRESS W. Crawford Smith Hannibal Missouri			25. DATE RECD. BY LOCAL REG. 10-4-1959	26. REGISTRAR'S SIGNATURE Dr. E. M. Luke		

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John S. Stone

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.