

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009873

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4848 Registrar's No. 13

FILED MAR 21 1961

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wellsville</u>		c. CITY OR TOWN <u>RR#1 wellsville</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>In car on Hudson St., in Wellsville,</u>		d. STREET ADDRESS (If outside, give location) <u>Upper Loutre Two</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>FREDRICK</u> Middle <u>HERMAN</u> Last <u>WICKLEIN</u>	4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1961</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 16, 1905</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>23</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>general farming</u>	11. BIRTHPLACE (City and state or country) <u>Montgomery Co</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Herman Wicklein</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Nagel</u>	14. NAME OF HUSBAND OR WIFE <u>Madeline Brown Wicklein</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Madeline Brown Wicklein</u> Address <u>Wellsville, M.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
IMMEDIATE CAUSE (a) <u>Coronary Embolism</u>	DUE TO (b) <u>Coronary Artery Disease</u>	<u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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 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.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> s.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 <u>Wellsville</u> COUNTY <u>Montgomery</u> STATE <u>Missouri</u>
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21. I attended the deceased from <u>Jan 16, 1961</u> to <u>3-9-61</u> and last saw ^{her} him alive on <u>3-9-61</u> Death occurred at <u>3:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>S. Heyland</u> (Degree or title) <u>m.o.</u>	22b. ADDRESS <u>Wellsville, Missouri</u>	22c. DATE SIGNED <u>3-10-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 11, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville</u>	23d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo</u>
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24. FUNERAL DIRECTOR <u>Howard F. Myers</u>	ADDRESS <u>Wellsville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-13-61</u>	26. REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>
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DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 22 1961

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 _____

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.