

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-026516

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 282

STATE FILE NUMBER

AMENDED

LED JUL 26 1961

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

3. NAME OF DECEASED (Type or print) First Edward Middle Lynn Last Wichman			4. DATE OF DEATH Month July Day 22 Year 1961		
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 10/24/40	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) DeLassus, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Arvil Wichman		13b. MOTHER'S MAIDEN NAME Doris Smith		14. NAME OF HUSBAND OR WIFE Cora Louise Wichman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or date of service) 8/12/58 - 5/30/61			17. INFORMANT Cora Louies Wichman Address Doe Run, Missouri.		

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
IMMEDIATE CAUSE (a) M GOULLARY PARALYSIS		2hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMATOSIS - Abdomen & Thorax		6 mo
DUE TO (c) Primary Embryonal Carcinoma Testicle		8 mo
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.)
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 <u>1954</u> , to <u>1961</u> and last saw ^{her} him alive on <u>7-22-61</u> Death occurred at <u>2:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>M. C. Embel</i> (Degree or title)	22b. ADDRESS Farmington Mo.	22c. DATE SIGNED 7-22-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/25/61	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery
23d. LOCATION (City, town, or county) Doe Run, Missouri		

24. FUNERAL DIRECTOR Miller Funeral Home ADDRESS Farmington, Mo.	25. DATE RECD. BY LOCAL REG. July 23, 1961	26. REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 27 1961

AUG 31 1961

JAN 30 1962

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 Paul H. Royal

Licensed Embalmer No. 4120

P. O. Address Fernington N

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.