

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044029
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 391

FILED JAN 8 1962

| | | | | | | | | |
|---|---|---|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> | | Length of stay in 1b <u>31 years</u> | c. CITY OR TOWN <u>Jefferson City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1905 North Circle Dr.</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1905 North Circle Drive</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Emil</u> Middle <u>Mitchell</u> Last <u>Wenkle</u> | | | 4. DATE OF DEATH Month <u>December</u> Day <u>30</u> Year <u>1961</u> | | | | | |
| 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>6-16-1899</u> | 9. AGE (last birthday) <u>62</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mens furnishings</u> | | 11. BIRTHPLACE (City and state or country) <u>Louisiana, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | |
| 13a. FATHER'S NAME <u>F. W. Wenkle</u> | | 13b. MOTHER'S MAIDEN NAME <u>Maude Mitchell</u> | | 14. NAME OF HUSBAND OR WIFE <u>Georgia M. Wenkle</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1918-1919</u> | | | 17. INFORMANT Address <u>Georgia M. Wenkle, Jefferson City, Mo</u> | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic carcinoma of the</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>adenoma of prostate 2 yrs</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> | | |
| 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 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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u> | | 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>Feb 1961</u> to <u>Dec 30 1961</u> and last saw her/him alive on <u>Dec 30 1961</u> Death occurred at <u>11:45 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 22b. ADDRESS <u>Jefferson City, Mo</u> | | 22c. DATE SIGNED <u>Jan 2, 1962</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>1-2-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u> | | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Gideon N. Houser, Jefferson City, Mo</u> | | | 25. DATE RECD. BY LOCAL REG. <u>January 1962</u> | | 26. REGISTRAR'S SIGNATURE <u>R.P. Harris, M.D. - Richter, M.D.</u> | | | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAR 5 1962

JAN 8 1962

JAN 18 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 Gideon N. Hauser

Licensed Embalmer No. 4579
P. O. Address Jefferson City,

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.