

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20054

State File No. _____

Registration District No. 179

Primary Registration District No. 5669

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural (Hawk Point Twnsp.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life years, months or days

3: (a) PRINT FULL NAME Charles L. Wippler

3: (b) If veteran, name war _____

3: (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Agnes E. Ereiser

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 3, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>26</u>	hr. _____ min.

9. Birthplace Warrenton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Frank Wippler

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hafner

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. L. Wippler

(b) Address R.R. #4 Troy, Mo.

17. (a) Burial (b) Date thereof 7-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truesdale, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 7-1-1948 (b) Emma B. Riddle
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1948 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 29, 1948 to June 29, 1948
that I last saw him alive on June 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

acute coronary occlusion - 31 min
chronic myocarditis when

Due to Bronchopneumonia hyperstrophica when

Due to Arteriosclerosis 70 days

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Walter D. ... (M. D. or other) 29

Address Warrenton, Mo. Date signed June 1/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
JUL 14 1948
Date Filed

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John J. Wieland
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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 this body is not embalmed, fact should be so stated above.