

FILED SEP 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27568

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>256</u>		PRIMARY REG. DIST. NO. <u>4388</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Chamois</u>		c. LENGTH OF STAY (in this place) <u>38 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chamois</u>		76	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>00</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Anthony</u>		c. (Last) <u>Wuelling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 5, 1911</u>	
9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR <u>7</u> Months <u>7</u> Days		IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Cobbler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Repairer</u>		11. BIRTHPLACE (State or foreign country) <u>Ariz., Mo. Rural</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George H. Wuelling</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Pauline</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Wuelling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>702-10-9115</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Virginia Wuelling, Chamois, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Alcholism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>3220</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chamois Osage Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>dead</u> <u>live</u> on <u>Aug 6,</u> 19 <u>49</u> , and that death occurred at <u>7:00a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. E. Lattin</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Box 255, Linn, Mo.</u>		23c. DATE SIGNED <u>8/6/49</u>	
24a. SPECIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 8, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Chamois, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-8-49</u>		REGISTRAR'S SIGNATURE <u>Esther Souder</u> <u>234</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Otto T. Stockrick Chamois</u>			

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

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RECEIVED
SEP 2 1919
District Health Officer No. 9,
District File Number

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
Student Embalmer

Signed Otto T. Stocksick

Licensed Embalmer No. 1903

P. O. Address Chamois, 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.