

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34659

BIRTH NO. 06466-49 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY (If outside corporate limits, write RURAL and give township) SEDALIA c. LENGTH OF STAY (in this place) 6				c. CITY (If outside corporate limits, write RURAL and give township) SEDALIA			
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL MEMORIAL HOSPITAL				d. STREET ADDRESS (If rural, give location) 207 SO. MASS.			
3. NAME OF DECEASED (Type or Print) a. (First) JANICE		b. (Middle) MARIE		c. (Last) WESSEL		4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct. 17, 1949		9. AGE (In years last birthday) IF UNDER 1 YEAR 0 2 IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Freddie Harmon Wessel		13b. MOTHER'S MAIDEN NAME Olga Marie Gerken		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Freddie Wessel, 207 S. Mass. Sedalia, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Polyhydramnios DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 776X			
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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 17 Oct 1949 , to 19 Oct 1949 , that I last saw the deceased alive on 19 Oct 1949 and that death occurred at 12 P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Carl D. Sigel M.D.				23b. ADDRESS 412 1/2 So Ohio Ave Sedalia		23c. DATE SIGNED 20 Oct 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-20-1949		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 10-20-49		REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE W. Weckert		ADDRESS Sedalia, Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 24
District Health Officer No. 8,
District File Number.....
Date Filed 10-25-49

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.....

Frank S. Coffman Jr.

Licensed Embalmer No.

4559

P. O. Address.....

Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.