

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 25

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Joachim Twp., Near Pevely</u>) | | c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Festus</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2nd</u> | | d. STREET ADDRESS (If rural, give location) <u>223 Palliet St</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilbur</u> b. (Middle) <u>Edward</u> c. (Last) <u>Berlet</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 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>May 31, 1921</u> |
| 9. AGE (In years last birthday) <u>28/5/17</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Novelty Company</u> |
| 11. BIRTHPLACE (State or foreign country) <u>Buckley, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Buckley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lillian Wagener</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Hazel Eisnogle</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Marine Corps</u> | |
| 16. SOCIAL SECURITY NO. <u>336-18-8787</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Berlet</u> ADDRESS <u>223 Palliet St Festus, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURED SKULL</u> <u>(VERDICT OF JURY) BY CAR ACCIDENT</u> ANTECEDENT CAUSES DUE TO (b) <u>LOST CONTROL OF HIS TRUCK AND BY IT TURNING OVER CAUSING HIS DEATH</u> DUE TO (c) <u>OVER CAUSING HIS DEATH</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>22</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) <u>accident</u> | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Federal highway</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BARNHART JEFFERSON MO.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV 18 1949 12 PM.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>HIWAY ACCIDENT</u> | | 22. I hereby certify that I attended the deceased from <u>INGRESS TO NOV 18</u> , 19 <u>49</u> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <u>Daniel G. Mahan, Coroner</u> | | 23b. ADDRESS <u>223 Palliet St</u> | |
| 23c. DATE SIGNED <u>Nov 18 1949</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>Nov 20, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Wagoner</u> ADDRESS <u>Festus Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov 21 1949</u> | | REGISTRAR'S SIGNATURE <u>Clara Bellant</u> | |

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

DATE RECEIVED 12-8-49
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

VS JUN 22 1980

DEC 10 1949

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 *J. H. Wenzel*

Licensed Embalmer No. *3010*

P. O. Address *Festus 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.