

FILED JUL 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 19765

Dr. Ossman

| | | | | |
|--|---------------------------|---|--|--|
| BIRTH NO. | | REG. DIST. NO. 77 | PRIMARY REG. DIST. NO. 3016 | Registrar's No. 159 |
| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Jefferson City | | c. LENGTH OF STAY (In this place) 23 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Jefferson City 0264 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 306 Fulkerson Street | | d. STREET ADDRESS (If rural, give location) 306 Fulkerson Street | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Sophia b. (Middle) Mary c. (Last) Wehmeyer | | | 4. DATE OF DEATH (Month) (Day) (Year) June 25 1950 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Oct-26-1872 | 9. AGE (In years last birthday) 77 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Hope, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Frederick Ziegler | | 13b. MOTHER'S MAIDEN NAME Charlotte Schollmeyer | 14. NAME OF HUSBAND OR WIFE John E. Wehmeyer | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Elsie Dunwiddie, Jefferson City, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility | | INTERVAL BETWEEN ONSET AND DEATH 4200 |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 29, 1949 to June 25, 50, that I last saw the deceased alive on June 24, 1950, and that death occurred at 4:45 p.m. from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE D. Ossman M.D. | | 23b. ADDRESS Jeff. City Mo | | 23c. DATE SIGNED 6-26-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 27-1950 | 24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery | 24d. LOCATION (City, town, or county) (State) Jefferson City, Mo |
| DATE REC'D BY LOCAL REG. June 28-1950 | | REGISTRAR'S SIGNATURE R.P. Davis M.D. | | FUNERAL DIRECTOR'S SIGNATURE L.H. J. Adam |
| | | | | ADDRESS Jefferson City, Mo |

(Licensed Embalmer's Statement (on Reverse Side))

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

RECEIVED
DISTRICT HEALTH OFFICE NO.
District File Number
Date Filed 6-30-52

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 _____

working under my personal supervision.

Student Embalmer No.

Signed G. N. Houser

Signed.....
Student Embalmer

Licensed Embalmer No. 45-79

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