FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19790

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4144 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Grove
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pilot Grove, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Grove Mo
d. STREET ADDRESS (If rural, give location): 42 yrs

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): —
c. (Last): Wessing

4. DATE OF DEATH (Month) (Day) (Year): June 27 1950

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 29 1850
9. AGE (In years last birthday): 99-7-28 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Eberhart Wessing
13b. MOTHER'S MAIDEN NAME: Elizabeth Youngcamp
14. NAME OF HUSBAND OR WIFE: wife deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: X Rose M Wessing
ADDRESS: Pilot Grove 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Edema —
DUE TO (c) Coronary Occlusion

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1950, *to* June 27, 1950, *that I last saw the deceased alive on* June 24, 1950, *and that death occurred at* 12:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: C. Humphreys MD (Degree or title)
23b. ADDRESS: Boonville Mo
23c. DATE SIGNED: 6-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30-50
24c. NAME OF CEMETERY OR CREMATORY: St Joseph Cem.
24d. LOCATION (City, town, or county) (State): Pilot Grove, Mo

DATE REC'D BY LOCAL REG.: 6-30-50
REGISTRAR'S SIGNATURE: D. Hooper 301
25. FUNERAL DIRECTOR'S SIGNATURE: Hays & Hunter
ADDRESS: Pilot Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 19[illegible]

RECEIVED
DISTRICT HEALTH OFFICE
District File Number
Date Filed 3.6.59

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 Peyton E. Hay

Licensed Embalmer No. 3074

P. O. Address Pilot Grove,

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

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