

No. 300  
10. 48

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26137  
Registrar's No. 1004

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
c. LENGTH OF STAY (In this place) 17 days		d. STREET ADDRESS (If rural, give location) 2517 North 4th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Meth. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Edgar b. (Middle) Francis c. (Last) Wilderman			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1950			
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Nov. 12, 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 9 Days 24	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Light & Power Co.		11. BIRTHPLACE (State or foreign country) Burlington, Missouri U		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Wilderman		13b. MOTHER'S MAIDEN NAME LENA Lesser		14. NAME OF HUSBAND OR WIFE Vertie Grace Wilderman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 491-09-7498		17. INFORMANT'S SIGNATURE OR NAME Mrs. Vertie Wilderman, 2517 N. 4, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC NEPHROSCLEROSIS  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MYOCARDIAL DEGENERATION			INTERVAL BETWEEN ONSET AND DEATH 6 Mos.  UNKNOWN  442X  UNKNOWN
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from 8-20, 1950, to Sept 6, 1950, that I last saw the deceased alive on Sept 5, 1950, and that death occurred at 1:30 AM., from the causes and on the date stated above.

23a. SIGNATURE Allan D. Nerman (Degree or title) M.D.		23b. ADDRESS 620 FRANCIS ST.		23c. DATE SIGNED 9-6-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/8/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
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DATE REC'D BY LOCAL REG. Sept. 7, 1950		REGISTRAR'S SIGNATURE E. S. Jenkins 392		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS Walter Bowman Funeral Home St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 1954

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

*W.E. Edmister*

Signed.....

Student Embalmer

Licensed Embalmer No. *4791*

P. O. Address *319 5010 St. Joseph*

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.