

FILED MAR 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7206

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton 0143	
d. FULL NAME OF HOSPITAL OR INSTITUTION 710 Jefferson St.		d. STREET ADDRESS (If rural, give location) 710 Jefferson City 0	

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle) Adolphe	c. (Last) Wichmann	4. DATE OF DEATH (Month) (Day) (Year) Mar. 22 1951
---	---------------------	--------------------	---

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Dec. 30, 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 2 Days 22	IF UNDER 24 HRS. Hours 0 Min. 0
------------------	---------------------------	---	-----------------------------------	---------------------------------------	-------------------------------------	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick mason	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Fulton, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	---	--

13a. FATHER'S NAME Peter Wichmann	13b. MOTHER'S MAIDEN NAME Elizabeth ?	14. NAME OF HUSBAND OR WIFE Charlotte
--------------------------------------	--	--

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 ADDRESS Mrs. Henry Wichmann Fulton, 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		INTERVAL BETWEEN ONSET AND DEATH  4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Evidently, Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) Died suddenly sleeping DUE TO (c) Chagr		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No Physician attending			

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) Fulton Callaway Mo
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, 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 H. Barrett, Coroner	(Degree or title)	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 4/22/51
---------------------------------------	-------------------	---------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A	24b. DATE Mar. 25, 1951	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	24d. LOCATION (City, town, or county) (State) Fulton, Missouri
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. Mar 22-1951	REGISTRAR'S SIGNATURE Martha Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Fulton, Mo
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

0143

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4  
MAR 24 1951

RECEIVED

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 *Denzil C. Browning*

Licensed Embalmer No. 2724

P. O. Address Fulton, Md

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.