

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21766

State File No. _____

FILED JUL 3 - 1951

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY SALINE
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EMMA
c. LENGTH OF STAY (in this place) 50 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION Saline Co. Side

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY SALINE
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EMMA 0970
d. STREET ADDRESS (If rural, give location) Home East Side

3. NAME OF DECEASED
a. (First) WILLIAM
b. (Middle) H
c. (Last) WEHRS

4. DATE OF DEATH (Month) (Day) (Year)
JUNE 26 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH APRIL 21, 1874

9. AGE (In years last birthday) 77
UNDER 1 YEAR 2 Months 5 Days
UNDER 1 HRS. 5 Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED

10b. KIND OF BUSINESS OR INDUSTRY
GRAIN DEALER

11. BIRTHPLACE (State or foreign country)
LAFAYETTE COUNTY, MO

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
HENRY WEHRS

13b. MOTHER'S MAIDEN NAME
DOVIS ORTING

14. NAME OF HUSBAND OR WIFE
MRS CLARA WEHRS

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.
140

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Hugo Wehrs Concordia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertensive heart disease
DUE TO (c) generalized arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4201

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)

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 MARCH 1951 to 26 June 1951, that I last saw the deceased alive on June 26, 1951, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Ralph H. Jones M.D.

23b. ADDRESS
Sweet Springs, Mo.

23c. DATE SIGNED
27 June 51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE
June 29, 1951

24c. NAME OF CEMETERY OR CREMATORY
Holy Cross Cemetery

24d. LOCATION (City, town, or county) (State)
EMMA, MO

DATE REC'D BY LOCAL REG.
6/27/51

REGISTRAR'S SIGNATURE
Dolly Andrew

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
E. S. Jones Concordia Mo

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

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7-2-51

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 me

.....
working under my personal supervision.

Student Embalmer No.

Signed E. J. James

Signed.....
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.