

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 88
Registrar's No. 88

FILED NOV 7 1957

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5781

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If not in corporate limits, give township) OR TOWN <i>Freedheim Mo</i> (In this place)		c. CITY (If not in corporate limits, write RURAL and give township) OR TOWN <i>Freedheim Mo 0160</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Freedheim Mo</i>		d. STREET ADDRESS (If rural, give location) <i>Freedheim Mo</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Edward</i> b. (Middle) <i>William</i> c. (Last) <i>Wunderlich</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 28 1957</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan 9 1862</i>	9. AGE (In years last birthday) <i>89</i>	IF UNDER 1 YEAR Months <i>9</i> Days <i>19</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Frankia Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Zacharia Wunderlich</i>	13b. MOTHER'S MAIDEN NAME <i>Emilia Kerstner</i>	14. NAME OF HUSBAND OR WIFE <i>Not known</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. John Brass Gordonville Mo</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Stomach</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) <i>151X</i>
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?

22. I hereby certify that I attended the deceased from *6-20*, 1957, to *10-24*, 1957, that I last saw the deceased alive on *10-24*, 1957, and that death occurred at *12:45* p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>A.D. Blocker M.D.</i>	23b. ADDRESS <i>Oak Ridge Mo</i>	23c. DATE SIGNED <i>10-29-57</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct 30 1957</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Gordonville</i>
		24d. LOCATION (City, town, or county) (State) <i>Gordonville Mo</i>

DATE REC'D BY LOCAL REG <i>Oct 29-57</i>	REGISTRAR'S SIGNATURE <i>D.G. Suber</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Fred. Kahmert New Wells Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

NOV 6 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.

Signed _____

BA Meyer

Signed _____

Student Embalmer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.