

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36909**

0360
 4

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

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>2432</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin - Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Meramec</u>		c. LENGTH OF STAY (in this place) <u>30 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		<u>0362</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Van Deering Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Casper</u> b. (Middle) <u>Wuest</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 1, 1863</u>		9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>	IF UNDER 100 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Washington Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John W. Gibson Kansas City Mo</u>			
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) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>Cerebral hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>1945</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>352X</u>					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) (Min.)		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 <u>1947</u> , to <u>11-12, 1951</u> , that I last saw the deceased alive on <u>11-5, 1951</u> , and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.D. Praxter M.D.</u> (Degree or title)				23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>11-13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Borgia</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, No.</u>			
DATE REC'D BY LOCAL REG. <u>11-13-51</u>	REGISTRAR'S SIGNATURE <u>W.D. Praxter</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Otto</u>		ADDRESS <u>Washington, No.</u>	

The No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 20 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 M. H. Willenfrank

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.