

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6142  
State File No. 41277

FILED DEC 2 1952

BIRTH NO.		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4497		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence Rural		c. LENGTH OF STAY (in this place) Jefferson twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holliday Missouri Rural		0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION Died in ambulance				d. STREET ADDRESS (If rural, give location) Five Miles East of Holliday			
3. NAME OF DECEASED (Type or Print) Claude		a. (First) Claude		b. (Middle) M.		c. (Last) Wessling	
4. DATE OF DEATH 11-29-1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 13, 1886		9. AGE (In years last birthday) 66	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same	
11. BIRTHPLACE (City and State or Foreign Country) Paton, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Martin Wessling		13b. MOTHER'S MAIDEN NAME Wendelena Somers	
14. NAME OF HUSBAND OR WIFE Mrs. Pearl Wessling		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. X		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Wessling Holliday, 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) Massive Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease  DUE TO (c)  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				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)		4201	
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 Nov. 29, 1952 to Nov. 29, 1952, that I last saw the deceased alive on Nov. 29, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. A. Michalewicz D.O.				23b. ADDRESS Shelburne Mo.		23c. DATE SIGNED 11-29-52	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-2-1952		24c. NAME OF CEMETERY OR CREMATORY Paton Cemetery		24d. LOCATION (City, town, or county) (State) Paton, Iowa	
DATE REC'D BY LOCAL REG. 12-1-52		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE Bachelor Hawkins		ADDRESS Shelburne, Mo.	

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

DEC 31 1955

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**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 *James D. Davis* .....

Licensed Embalmer No. *4478* .....

P. O. Address *Shelbina, 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.