No. 300
10-48

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

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2505

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place): 4½ Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Williams Township
d. STREET ADDRESS (If rural, give location): 6 Miles NorthWest of Cole Camp

3. NAME OF DECEASED (Type or Print): a. (First) Wilhem b. (Middle) Charlotte c. (Last) Wishmeier

4. DATE OF DEATH: (Month) Jan (Day) 13th (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Sept 1st 1895

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 4, Days 12 — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and State or Foreign Country): Cole Camp Missouri

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Henry C Holtzen

13b. MOTHER'S MAIDEN NAME: Katherine Heimsoth

14. NAME OF HUSBAND OR WIFE: William Wishmeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: William Wishmeier, Cole Camp Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 4 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) insanitation — 10 yr.
DUE TO (c) prolonged illness — 10 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute influenza — 12 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 481X

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) m.

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* Jan 12, 1953, *to* Jan 13, 1953, *that I last saw the deceased alive on* Jan 13, 1953, *and that death occurred at* 7:25 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alvin L Lowe M.D.

23b. ADDRESS: Cole Camp Mo.

23c. DATE SIGNED: 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 15th 1953

24c. NAME OF CEMETERY OR CREMATORY: Cole Camp Memorial Cemetery

24d. LOCATION (City, town, or county) (State): Cole Camp Mo

DATE REC'D BY LOCAL REG. 1-16-1953

REGISTRAR'S SIGNATURE: Everett Hall M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E L Eichhoff, Cole Camp Mo

251-0 (Licensed Embalmer's Statement on Reverse Side)

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 B L Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.