

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5090

FILED FEB 17 1953

State File No. _____

0160

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>5183</u>		Registrar's No. <u>7</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY OR TOWN <u>Rural - Byrds</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Rural - Byrds</u>		0168		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi S-W- Jackson</u>				d. STREET ADDRESS (If rural, give location) <u>2 Mi S-W- Jackson</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilburn</u> b. (Middle) <u>- Wayne</u> c. (Last) <u>Wendel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1953</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Dec. 1-1921</u>		
9. AGE (In years last birthday) <u>31</u>		if UNDER 1 YEAR Months <u>2</u> Days <u>3</u>		if UNDER 2 HRS. Hours <u></u> Mins. <u></u>				
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Factory Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Wendel</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Suedekum</u>		14. NAME OF HUSBAND OR WIFE <u>Freda Schlegel</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>500-16-9114</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martin Wendel</u> ADDRESS <u>Jackson 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot Gun Wound</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E 976X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson A.P.D.#2 Cape Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 4 '53 2 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted shot gun wound</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. S. Sigmond, Coroner</u>				23b. ADDRESS <u>Jackson, Mo</u>		23c. DATE SIGNED <u>2/7/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>		
DATE REC'D BY LOCAL REG. <u>Feb 8 '53</u>		REGISTRAR'S SIGNATURE <u>J. S. Sigmond</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Denette Laird</u>		ADDRESS <u>Jackson Mo.</u>		

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

APR 7 1953

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 R. D. Laid

Licensed Embalmer No. 4538

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.