

1940
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RIVERMINES		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MINE LA MOTTE 0620	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print) WESLEY	a. (First)	b. (Middle) ALEXANDER	c. (Last) WAMPLER	4. DATE OF DEATH FEB. 8, 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH APRIL 10, 1868	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR 9 Days	IF UNDER 1 YEAR 28 Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER MINNEY	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) LIBERTYVILLE, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN WAMPLER	13b. MOTHER'S MAIDEN NAME MALINDA CLARK	14. NAME OF HUSBAND OR WIFE ELIZA WAMPLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Bob Eden, Rivermines, Mo.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrum thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		
	DUE TO (c) 4201		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb 6, 1953** to **Feb. 8, 1953**, that I last saw the deceased alive on **FEB 8, 1953**, and that death occurred at **7:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Phiberry M.D.	23b. ADDRESS Flour River Mo	23c. DATE SIGNED 2-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-18-53	24c. NAME OF CEMETERY OR CREMATORY MINE LA MOTTE CEMETERY	24d. LOCATION (City, town, or county) (State) MADISON Co. MISSOURI
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DATE REC'D BY LOCAL REG. Feb. 13, 1953	REGISTRAR'S SIGNATURE Ethel Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Sam Taylor, Jr.	ADDRESS Fredericktown, Mo.
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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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed William B O'Connor

Signed _____
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Federicktown 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.