

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8644

FILED MAR 25 1953

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State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. _____ Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Pettus		c. CITY (If outside corporate limits, write RURAL and give township) Rural Pettus	
c. LENGTH OF STAY (in this place) 2 1/2 yrs		d. STREET ADDRESS (If rural, give location) 1 1/2 mi. N. Illinois Bend Church	
d. FULL NAME OF HOSPITAL OR INSTITUTION home			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) None	c. (Last) Wenger	4. DATE OF DEATH (Month) (Day) (Year) March 19 1953
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5. SEX Male	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 15, 1887	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 2 Days 4	IF UNDER 4 HRS. Hours 1 Min. 1
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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 (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Wenger	13b. MOTHER'S MAIDEN NAME Sarah Rutherford	13c. NAME OF HUSBAND OR WIFE Ida May Wenger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs May Wenger	ADDRESS La Plata, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Neck 3+4th Cervical		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 001 E 9121 3	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Kirksville (COUNTY) Adair (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 3 17 53 7 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Team man off horse wagon on top of him
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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 **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. K. Martin (Degree or title)	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 3-23-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 22 1953	24c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	24d. LOCATION (City, town, or county) (State) La Plata, Mo.
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DATE REC'D BY LOCAL REG. 3-23-53	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Wilson ADDRESS La Plata, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Herbert M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, 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.