

FILED MAR 23 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9229**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY OR TOWN <b>Jefferson City</b>		c. CITY OR TOWN <b>Chamois</b>	
c. LENGTH OF STAY (in this place) <b>11 days</b>		d. STREET ADDRESS (If rural, give location) <b>0760</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Charles G. Still Osteopathic Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Henry</b> c. (Last) <b>Wuelling</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 19-1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Dec. 5-1879</b>		9. AGE (in years last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Repair</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Repair Shop</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Westphalia, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>John Wuelling</b>		13b. MOTHER'S MAIDEN NAME <b>MARIE Meyer</b>		14. NAME OF HUSBAND OR WIFE <b>Louise Paulin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Smith</b> ADDRESS <b>Chamois Mo.</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute circulatory failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis - myocardial infarction</b> DUE TO (c) <b>arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>
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		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)	
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?	

22. I hereby certify that I attended the deceased from **3/10/53**, to **3/19/53**, that I last saw the deceased alive on **3/12/53**, 19**53**, and that death occurred at **5:15** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Lawrence Everett Coffey M.D.</b>		23b. ADDRESS <b>Jefferson City</b>		23c. DATE SIGNED <b>3/19/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-21-53</b>		24c. NAME OF CEMETERY OR CREMATORIUM <b>Catholic Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Chamois, Mo.</b>		24e. STATE <b>Mo.</b>			

DATE REC'D BY LOCAL REG. <b>Mar 21-53</b>		REGISTRAR'S SIGNATURE <b>R.P. Davis MD - DR</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley C. Meyer</b> ADDRESS <b>Chamois Mo.</b>	
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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 Stanley E. Meyer

Licensed Embalmer No. 4634

P. O. Address Chenais, 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.