

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. MUSICK
24476
State File No. _____

No. 300
10-48

FILED JUL 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>669</u>		
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>			c. LENGTH OF STAY (to this place) <u>4 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>			0396 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2301 N. BENTON</u>				d. STREET ADDRESS (If rural, give location) <u>2301 N. BENTON</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FERDINAND</u>		b. (Middle) <u>J.</u>		c. (Last) <u>WETZEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 17, 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 10 1897</u>		9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	11. UNDER 2 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER CITY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DISPOSAL PLANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>U. JOHN WETZEL</u>			13b. MOTHER'S MAIDEN NAME <u>ELI ZABETH BORHM ?</u>		14. NAME OF HUSBAND OR WIFE <u>GARRIE WETZEL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>W.W. # 1 UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GARRIE WETZEL SPRINGFIELD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>I first saw this man 8:00Am- was called back at 10-he was dead-</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>					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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>7, 17, 1953</u> , to <u>7, 17, 1953</u> , that I last saw the deceased alive on <u>7, 17, 1953</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. Musick M.D.</u>				23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>7, 17, 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>			
DATE REC'D BY LOCAL REG. <u>7-20-53</u>		REGISTRAR'S SIGNATURE <u>E. W. Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. H. LOHMEYER SPRINGFIELD, MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 15 1954

JAN 8 1957

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 *P. L. McCarson*

Licensed Embalmer No. *7727*

P. O. Address *Sperryfield, Miss*

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.