

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34727**  
Registrar's No. **28**

FILED SEP 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **B23** PRIMARY REG. DIST. NO. **4473**

0970  
1

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Blackburn</b>		c. LENGTH OF STAY (In this place) <b>39 Years</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Blackburn</b>		0970 MO 0
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marie</b> b. (Middle) <b>Therisa</b> c. (Last) <b>Wilshusen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 21 1953</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr 17 - 1871</b>	9. AGE (In years last birthday) <b>82</b>	10. UNDER 1 YEAR Months <b>5</b> Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Houskeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Colecamp Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Hermen Eckhoff</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Thielke</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Wilshusen</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Blara W. Leman</b>		ADDRESS <b>Blackburn 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio vascular renal disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1947</b> <b>9/23/53</b>
	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  <b>442X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19 <b>47</b> , to <b>9/23</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>9/2/53</b> , 19 _____, and that death occurred at <b>8:00A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Jordan Kelling M.D.</b>			23b. ADDRESS <b>Waverly, Missouri</b>		23c. DATE SIGNED <b>9/23/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>9-23-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blackburn City Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Blackburn MO.</b>		
DATE REC'D BY LOCAL REG <b>9/26/53</b>	REGISTRAR'S SIGNATURE <b>Dollie Andrew</b>	293-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jack Stader</b>	ADDRESS <b>Higginsville MO.</b>	

OCT 15 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Roy J. Wiegman*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.