

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **39651**

FILED DEC 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5675</u>		Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>TEXAS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Hurricane Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Licking Township</u>			
c. LENGTH OF STAY (in this place) <u>few hours</u>				d. STREET ADDRESS (If rural, give location) <u>8 mile S.E. of Licking</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mile east of Elsberry</u>				1070			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EMIL</u>		b. (Middle)		c. (Last) <u>WENGER</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>10/31/1899</u>	
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver PORTER</u>		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver PORTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bowling Alley</u>		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Amelia Wenger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-18-0630</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Amelia Wenger - Licking, Mo.</u>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURED SKULL (occipital region)</u> <u>Also Frac. Rt Arm (compound) AND crushed chest</u> ANTECEDENT CAUSES DUE TO (b) <u>FALLING FROM TREE WHILE COON-HUNTING</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9028</u> <u>45</u>				INTERVAL BETWEEN ONSET AND DEATH <u>45 MIN.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Island in MISS RIVER</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>057</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 10, 1953 9:45 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>DECEASED WAS CLIMBING TREE TO SHAKE OUT COON. FELL.</u>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph J. Marsh</u> Coroner (Degree or title) <u>Lincoln Co. Mo.</u>				23b. ADDRESS <u>Riv. Meranti</u>		23c. DATE SIGNED <u>11/10/53</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 13, 1953</u>		24c. NAME OF CEMETERY <u>Boone Creek</u>		24d. LOCATION (City, town, or county) (State) <u>LICKING, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/13/1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles E. Elsberry</u>		ADDRESS <u>Mo.</u>	

(Licensed Embalmers Statement on Reverse Side)

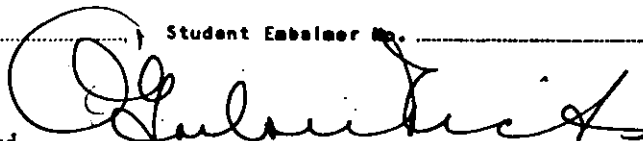
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed  Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 4012

P. O. Address Elkhart, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.