

FILED APR 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14628

State File No.

BIRTH NO. _____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 4486 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BENTON</u>	
c. LENGTH OF STAY (in this place) <u>40yrs</u>		d. STREET ADDRESS (If rural, give location) <u>BENTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BENTON</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ADAM</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>WILHELM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 7 1954</u>
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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>OCT. 3 1903</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COUNTY ROAD WK.</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>ANDREW WILHELM</u>	13b. MOTHER'S MAIDEN NAME <u>CATHERINE SCHERER</u>	14. NAME OF HUSBAND OR WIFE <u>CORRINA HAND WILHELM</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-04-4637</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CORRINA M. WILHELM</u>	ADDRESS <u>BENTON, MO.</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ingestion of Car Antifreeze</u> DUE TO (c) <u>Chronic Alcoholism</u>		
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"/>
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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 First call after death, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Shelma C. Buchholz, M.D. Health Officer</u>	23b. ADDRESS <u>Benton, Mo.</u>	23c. DATE SIGNED <u>4-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR. 9 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. DENNIS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BENTON MO.</u>
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DATE REC'D BY LOCAL REG. <u>April-9-54</u>	REGISTRAR'S SIGNATURE <u>Mr. Eddie Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Smith</u>	ADDRESS <u>ORAN, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DATE RECEIVED APR 12 1954
SCOTT CO. HEALTH DEPT.
CO. FILE No. 454-79

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 _____

Earl J. Smith

Licensed Embalmer No. 7676

P. O. Address Orew 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.