

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14715**

BIRTH NO. **FILED APR 30 1957** REG. DIST. NO. **367** PRIMARY REG. DIST. NO. **4531** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton	c. LENGTH OF STAY (in this place) 63 yrs.	c. CITY OR TOWN Warrenton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) 1090	

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) S. c. (Last) Wild			4. DATE OF DEATH (Month) (Day) (Year) April 22, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Jan. 26, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 2 Days 26	IF UNDER 4 HRS. Hours 26 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman		10b. KIND OF BUSINESS OR INDUSTRY Law enforcement	11. BIRTHPLACE (City and State or Foreign Country) Warren County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Louis Wild		13b. MOTHER'S MAIDEN NAME Catherine Schummers		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-38-2937-A		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Ordelheide, Warrenton, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion acute		INTERVAL BETWEEN ONSET AND DEATH 10 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocardial elongation DUE TO (c) Heart failure		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cor. Heart Disease 4 yr Obesity			2 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4-20-1	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)	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 **11-20**, 19**50**, to **4-22**, 19**54**, that I last saw the deceased alive on **4-22-54**, 19**54**, and that death occurred at **11 a m.** from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) [Signature]	23b. ADDRESS [Address]	23c. DATE SIGNED 4-23-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-24-54	24c. NAME OF CEMETERY, OR CREMATORY City Cemetery
		24d. LOCATION (City, town, or county) (State) Warrenton, Mo.

DATE REC'D BY LOCAL REG. 4-24-54	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co.	ADDRESS Warrenton, Mo.
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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John J. Hieburg

Licensed Embalmer No. *38*

P. O. Address *Warrington*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.