

FILED MAY 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15339
State File No.

BIRTH NO.		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>137</u>			
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City.</u>		c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		c. CITY OR TOWN <u>Westphalia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Westphalia, Mo. 07601</u>					
3. NAME OF DECEASED (Type or Print) <u>George</u>			a. (First) <u>George</u>		b. (Middle) <u>Wilde</u>		c. (Last) <u>Wilde</u>		
4. DATE OF DEATH <u>May 15, 1954</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 19, 1874</u>		9. AGE (In years last birthday) <u>80</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>26</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Mason</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Westphalia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. SA</u>			
13a. FATHER'S NAME <u>Ben Wilde</u>			13b. MOTHER'S MAIDEN NAME <u>Franciscia Forck</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Reneke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Wilde</u> ADDRESS <u>Westphalia, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic Stenosis (Calcific)</u>				DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u>				<u>6 mo</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c)				<u>2 yr.</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 <u>4221</u>	
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)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>5-1</u> , 19 <u>54</u> , to <u>5-15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-14</u> , 19 <u>54</u> , and that death occurred at <u>3:30 A.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. B. Uebel</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>5-15-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/17/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Westphalia, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 18 54</u>		REGISTRAR'S SIGNATURE <u>R. P. Harris M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Kulle</u>		ADDRESS <u>J. C. No</u>			

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

JUN 25 1954

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.....
Sylvester Rull

Licensed Embalmer No. *430*

P. O. Address *Jefferson*

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.