

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16854

State File No.

FILED MAY 24 1954

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>189</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1701 East 5th</u>				e. STREET ADDRESS (If rural, give location) <u>1701 East 5th</u> <u>080%</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>PAUL</u>		b. (Middle) <u>AMIL</u>		c. (Last) <u>WENSCH</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>Aug. 27, 1895</u>	
9. AGE (10 years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Officer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Paul Wensch</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Leipnitz</u>		14. NAME OF HUSBAND OR WIFE <u>Essie Jerrell Wensch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Essie Wensch, 1701 E. 5th</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Sedalia, Mo.</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency with Angina Pectoris Syndrome.</u> DUE TO (c) <u>Arteriosclerosis & Mild Hypertension.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Catarrhal Hepatitis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>40 min.</u> <u>4 to 5 years.</u> <u>10 days.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>5-16-1954</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-3-</u> , 19 <u>49</u> , to <u>5-17-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-16-</u> , 19 <u>54</u> , and that death occurred at <u>9:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. M. Rodeman</u>		23b. ADDRESS <u>219 1/2 South Ohio St. Sedalia, Missouri.</u>		23c. DATE SIGNED <u>5-20-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/20/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/20/54</u>		REGISTRAR'S SIGNATURE <u>Laura Coon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Coon</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's 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 Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. E. Baker.....

Licensed Embalmer No. 2419

P. O. Address Seelalia

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.