No. 300
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FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19451

FILED JUL 13 1955 37269-55

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 188

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN: La Bell
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0560 1

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Bryant
c. (Last): Wuest

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: June 28, 1955
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Hannibal, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ernest C. Wuest
13b. MOTHER'S MAIDEN NAME: Nelldean Hammond
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ernest C. Wuest La Bell, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inadequate development — INTERVAL BETWEEN ONSET AND DEATH: 37 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity (Birth Weight 1 3/4 lb.)
DUE TO (c)

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: 776X
20. AUTOPSY? YES ☐ NO ☐

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) m.
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* June 28, 1955, *to* June 29, 1955, *that I last saw the deceased alive on* June 29, 1955, *and that death occurred at* 11:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. E. Sultzman MD
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 6/30/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 30, 1955
24c. NAME OF CEMETERY OR CREMATORY: Platte City Cem
24d. LOCATION (City, town, or county) (State): Paltte City ~~La Bell~~ Missouri

DATE REC'D BY LOCAL REG.: 6/30/55
REGISTRAR'S SIGNATURE: H E M Lucke By A C Fisher 189-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Crawford Smith Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 12 1955
MARION CO. HEALTH DEPT.
DATE FILED JUL 12 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.. NOT EMBALMED

Student.....
Signature of Student Embalmer

Signed. N Crawford Smith

Licensed Embalmer No. 38.

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.