

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37947

State File No.

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 361

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give town or township) Desloge		c. CITY OR TOWN Desloge		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 40 yrs.		e. STREET ADDRESS (If rural, give location) At Home-Desloge, Mo			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Joseph	b. (Middle) A	c. (Last) Wurst	(Month) Nov.	(Day) 30	(Year) 1955

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 22, 1894	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 7	IF UNDER 12 HRS. Days 8	IF UNDER 1 MIN. Hours 8
-----------------------	----------------------------------	--------------------------------------------------------------------------	-------------------------------------------	----------------------------------------------	---------------------------------------	--------------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mine Cap't., Lead	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
-------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------	------------------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME Peter Wurst	13b. MOTHER'S MAIDEN NAME Kate Pierce	14. NAME OF HUSBAND OR WIFE Cora Wurst
------------------------------------------	-------------------------------------------------	--------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Wurst,	ADDRESS Desloge, 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 thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 MO
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 July, 1955, to 11-30, 1955, that I last saw the deceased alive on 11-29, 1955, and that death occurred at 9:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. Applegate MD	23b. ADDRESS Flax River Mo	23c. DATE SIGNED 12-2-55
------------------------------------------------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-3-1955	24c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial	24d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
------------------------------------------------------------	-------------------------------	--------------------------------------------------------------------	--------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. Dec. 2, 1955	REGISTRAR'S SIGNATURE Eather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C.Z. Boyer & Son	ADDRESS Desloge, Mo
-------------------------------------------------	------------------------------------------------	-----------------------------------------------------------------	-------------------------------

(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 *B. T. Boyer*.....

Licensed Embalmer No. *316*

P. O. Address *Des Moines, Ia.*

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.