

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41491**

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

BIRTH NO. _____		REG. DIST. NO. 255		PRIMARY REG. DIST. NO. 5979		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Oregon					
b. CITY OR TOWN Thomasville		c. LENGTH OF STAY (in this place) 12 yrs		c. CITY OR TOWN Thomasville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				e. STREET ADDRESS (If rural, give location) 07-00					
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Clara b. (Middle) Wesbode c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 12-6-1955						
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 7-12-1883			
9. AGE (In years last birthday) 72		10. MONTHS 2		11. DAYS 24		12. HOURS 0 MIN. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) Alton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME J.P. Wesbode			13b. MOTHER'S MAIDEN NAME Martha Kumpun			14. NAME OF HUSBAND OR WIFE Mable Wesbode			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>		16. SOCIAL SECURITY NO. yes		17. INFORMANT'S SIGNATURE OR NAME Mrs. J.C. Wesbode ADDRESS Thomasville					
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				INTERVAL BETWEEN ONSET AND DEATH 2 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				DUE TO (b) ARTERIOSCLEROSIS, GENERALIZED					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) HYPERTENSION, ESSENTIAL					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				1. PREVIOUS CEREBRAL HEMORRHAGES				SEVERE	
				2. RHEUMATOID ARTHRITIS					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		331X		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) _____		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 4-4-1954 to 12-6-1955 that I last saw the deceased alive on 12-4-1955 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Jack N. Wilson, M.D. (Degree or title)				23b. ADDRESS West Plainsville, Mo.		23c. DATE SIGNED 12-10-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 12-8-55		24c. NAME OF CEMETERY OR CREMATORY Wesbode		24d. LOCATION (City, town, or county) (State) Thomasville Mo			
DATE RECD BY LOCAL REG. 12-29-55		REGISTRAR'S SIGNATURE Clyde A. Snijder		FUNERAL DIRECTOR'S SIGNATURE Robert M. Mathews ADDRESS Mo					

JAN 31 1957

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 *L. S. Roberts*.....

Licensed Embalmer No. *342*.....

P. O. Address *Robertson, Ill. Ill.*.....

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.