

FILED APR 2 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **8683**

BIRTH NO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **5439** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Canaan Twp.	c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY OR TOWN Owensville	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 Farm Home		f. STREET ADDRESS (If rural, give location) near Owensville, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle)	c. (Last) Wilcheck	4. DATE OF DEATH (Month) (Day) (Year) March 21, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 28, 1854	9. AGE (In years last birthday) 101	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Wisterzil	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Tony Wilcheck, Sr.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Tony Wilcheck	ADDRESS Owensville, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis		4 days
	DUE TO (c) Advanced Arteriosclerosis		5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **3-17, 1956**, to **3-21, 1956**, that I last saw the deceased alive on **3-21, 1956**, and that death occurred at **8:50 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Rosa J. Small M.D.	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 3-22-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-24-1956	24c. NAME OF CEMETERY OR CREMATORY Old Catholic Cemetery	24d. LOCATION (City, town, or county) (State) near Owensville, Mo.
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DATE REC'D BY LOCAL REG. March 24, 1956	REGISTRAR'S SIGNATURE Mrs. Marjorie Jappmeyer	25. FUNERAL DIRECTOR'S SIGNATURE William H. H. Winter	ADDRESS OWENSVILLE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4930

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 Melvin R. H. Winter.....

Licensed Embalmer No. 383

P. O. Address OWENSON

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.