

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15331**BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Vernon	
b. CITY (if outside corporate limits, write RURAL and give township) Nevada		c. CITY OR TOWN Nevada	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)		e. STREET ADDRESS (If rural, give location) 117 W. Sycamore 10870	
d. FULL NAME OF HOSPITAL OR INSTITUTION 117 W. Sycamore			

3. NAME OF DECEASED (Type or Print) a. (First) Catharine b. (Middle) T. c. (Last) Wirick			4. DATE OF DEATH (Month) (Day) (Year) May 1, 1956		
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 27, 1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Indianapolis, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry L. Thompson		13b. MOTHER'S MAIDEN NAME Lorina M. ?		14. NAME OF HUSBAND OR WIFE Asher R. Wirick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lurenah Belcher, 117 W. Sycamore, Nevada	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		DUPLICATE (b) General arteriosclerosis		3 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) Samples			
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE (d) Injured - shoulder caused by accidental fall in house			
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) Nevada Nevada Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 **4-27**, 19**56**, to **5-1**, 19**56**, that I last saw the deceased alive on **4-30**, 19**56**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. J. Martin M.D.		23b. ADDRESS 218 E. Nutter		23c. DATE SIGNED 5-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/5/56		24c. NAME OF CEMETERY OR CREMATORY Red Oak Cemetery	
24d. LOCATION (City, town, or county) (State) Cedar County, Iowa		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ferry Funeral Home, Nevada, Mo.		DATE REC'D BY LOCAL REG. 5-9-1956	

(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.....
Licensed Embalmer No. 429

P. O. Address Nevada

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