

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27503

STATE FILE NUMBER

FILED AUG 17 1956

Registration District No. 383 Primary Registration District No. 3658 Registrar's No. 31

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>VINEYARD</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>STOTTS CITY R.R.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME 3 MI. E. STOTTS CITY, Mo.</u>			Length of stay in 1b		d. STREET ADDRESS <u>RR 3 MI. E. STOTTS CITY</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROSA WILHELMA WUELLNER</u>			4. DATE OF DEATH Month Day Year <u>AUG - 5 - 1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED <input checked="" type="checkbox"/></u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 13 - 1969</u>	9. AGE (In years last birthday) <u>88</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, Co. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>QUAETHEN</u>			14. MOTHER'S MAIDEN NAME <u>ELIZABETH HACKMAN</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>MRS. VIOLA WIESE STOTTS CITY, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u>					INTERVAL BETWEEN ONSET OF DEATH <u>2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Coronary Thrombosis</u>					<u>2 hrs.</u>
DUE TO (c) <u>Myocardial Infarction</u>					<u>14 mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY: Hour, Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 16 1954</u> to <u>Aug 5 1956</u> and last saw her <u>alive</u> on <u>Aug 4 1956</u> Death occurred at <u>7:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Harold George, D.D.</u>			22b. ADDRESS <u>St. Matthews, Mo.</u>		22c. DATE SIGNED <u>8/6/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG. 7, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ZION EVANGELICAL</u>		23d. LOCATION (City, town, or county) (State) <u>9 MI. S.W. MT. VERNON, Mo.</u>
24. FUNERAL DIRECTOR <u>N. D. Lassett</u>		ADDRESS <u>Mt. Vernon</u>		25. DATE RECD. BY LOCAL REG. <u>8-9-56</u>	26. REGISTRAR'S SIGNATURE <u>Paul Henderson</u>

(Licensed Embalmer's Statement on Reverse Side)

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. W. Lassitt.....

Licensed Embalmer No. 22

P. O. Address Mt. Vernon

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.