

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2272
117

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|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 274 | | PRIMARY REG. DIST. NO. 5926 | | Registrar's No. 117 | |
| 1. PLACE OF DEATH a. COUNTY Pettis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pettis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Flat Creek - | | c. LENGTH OF STAY (in this place) 35 yrs in | | c. CITY OR TOWN Sedalia | | 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 3 1/2 miles south Sedalia highway 65 | | | | e. STREET ADDRESS (If rural, give location) Route 2 0800 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) WILLIAM b. (Middle) FREDERICK c. (Last) WEHMEYER | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1957 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 10, 1888 | |
| 9. AGE (In years last birthday) 68 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard laborer | | 11. BIRTHPLACE (City and State or Foreign Country) Gasconade County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Henry Wehmeyer | | 13b. MOTHER'S MAIDEN NAME Katherine unknown | | 14. NAME OF HUSBAND OR WIFE Rose Nadine Wehmeyer | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) NO | | 16. SOCIAL SECURITY NO. 496-16-7508 | | 17. INFORMANT'S SIGNATURE OR NAME John Wehmeyer, son, 1601 E. 4th Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Fractured Neck. Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) Public Highway | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pettis Mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-3-57 1:55 AM | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Automobile accident | | | |
| 22. I hereby certify that I examined the deceased from alive on 10, 1957, and that death occurred at 1:55 A.M., from the causes and on the date stated above. | | | | | | 23. DATE SIGNED 2-4-57 | |
| 23a. SIGNATURE (Degree or title) Chas Jordan Hauppel MD | | 23b. ADDRESS Corner 9 Pettis Co - | | 23c. DATE SIGNED 2-4-57 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2/5/57 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 24d. LOCATION (City, town, or county) (State) Sedalia, Mo. | |
| DATE REC'D BY LOCAL REG. 2-5-57 | | REGISTRAR'S SIGNATURE Luina Corry, Jr. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duane Ewing Sedalia, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

1957 FEB 25 834

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.....

R. E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.