

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5597**

FILED FEB 21 1957

BIRTH NO. _____		REG. DIST. NO. 4348		PRIMARY REG. DIST. NO. 23B		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		c. LENGTH OF STAY (in this place) 3 hours		c. CITY OR TOWN Wellsville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 825 Burlington				e. STREET ADDRESS (If rural, give location) 305 E. Hudson			
3. NAME OF DECEASED (Type or Print) a. (First) ELMER		b. (Middle) HENRY		c. (Last) WICKLEIN		4. DATE OF DEATH (Month) (Day) (Year) Feb. 9 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 19 1899	
9. AGE (in years last birthday) 57		IF UNDER 1 YEAR (Months) (Days) 3 20		IF UNDER 24 HRS. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman, Ledger & Insurance				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wellsville, Montg. Mo	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME Herman Wicklein		13b. MOTHER'S MAIDEN NAME Bertha Nagel	
14. NAME OF HUSBAND OR WIFE Mrs. Martha Wicklein				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-28-0983	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Wicklein				ADDRESS Wellsville 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 40 min	
		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 Conditions contributing to the death but not related to the disease or condition causing 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
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 Feb 9, 1957 , to Feb 9, 1957 , that I last saw the deceased alive on Feb 9, 1957 , and that death occurred at 9:30 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Willis H. Walls M.D.				23b. ADDRESS Wellsville		23c. DATE SIGNED 2/15/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/12/57		24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery		24d. LOCATION (City, town, or county) (State) Wellsville Missouri	
DATE REC'D BY LOCAL REG. 2-15-57		REGISTRAR'S SIGNATURE Miss Antula Person		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Walls, Wellsville, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

VS OCT 22 1959

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 *A. B. Kells*

Licensed Embalmer No. *58*

P. O. Address *Keller Hill*

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.