

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9144

STATE FILE NUMBER

FILED MAR 20 1957

Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 30

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 casually 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 Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oronogo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Oronogo 0490 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 S. 2nd St.		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 206 S. 2nd St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Louis Middle B. Last Wetsel			4. DATE OF DEATH Month March Day 12 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-26-1877
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 5 Days 16	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage owner		10b. KIND OF BUSINESS OR INDUSTRY Auto repair	11. BIRTHPLACE (City and state or country) Oronogo, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Milton Wetsel	
14. MOTHER'S MAIDEN NAME Angelia Fredonia		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 495-36-3573		17. INFORMANT Address 206 S. 2nd St Mrs. Blanche Sheets Oronogo, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hyperensive cardiovascular disease and valvular heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) rheumatic fever			INTERVAL BETWEEN ONSET AND DEATH 2 yrs unknown 70 years ±
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"/> 2
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 7:10 Month PM Day PM Year PM			
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 8-12-55 to 3-12-57 and last saw him ^{her} alive on 3-2-57 . Death occurred at 7:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John Ferguson (Degree or title) M.D.		22b. ADDRESS Webb City, Mo.	
22c. DATE SIGNED 3-15-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-15-57	
23c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery		23d. LOCATION (City, town, or county) (State) Oronogo, Missouri	
24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Mortuary Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 3-15-57	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer			

(Licensed Embalmer's Statement on Reverse Side)

474

County File Number 57-3-328

Date Filed MAR 18 1957

MAR 28 1957

AUG 15 1957

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 *Jack C. Simpson*
Licensed Embalmer No. *464*
P. O. Address *Webb City*

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.