

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15980

STATE FILE NUMBER

FILED MAY 10 1957

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 27

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Warren</b>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Warrenton</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>Warrenton</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>102 W. Walton</b>   |  | Length of stay in lb<br><b>4 yrs.</b>   | d. STREET<br>ADDRESS <b>102 W. Walton</b>   |  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Benjamin H. Wild</b>  |  |   | First <b>Benjamin</b>   | Middle <b>H.</b>   | Last <b>Wild</b>   |
| 4. DATE OF DEATH<br><b>April 25, 1957</b>  |  |   | Month <b>April</b>  | Day <b>25</b>  | Year <b>1957</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>                     | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 30, 1888</b>  |  | 9. AGE (In years last birthday)<br><b>68</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Clerk</b>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b> | 11. BIRTHPLACE (City and state or country)<br><b>Warren County, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                          |  |
| 13. FATHER'S NAME<br><b>Louis Wild</b>   |  |   | 14. MOTHER'S MAIDEN NAME<br><b>Catherine Schummers</b>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yrs. give war or dates of service)<br><b>yes World War I</b>   |  | 16. SOCIAL SECURITY NO.<br><b>702-10-0484</b>   | 17. INFORMANT<br>Address<br><b>Mrs. Anna Ordelleide, Warrenton, Mo.</b>   |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis, acute</b><br>DUE TO (b) <b>Atherosclerosis of heart</b><br>DUE TO (c) <b>stroke</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4200</b>  |
| 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<br>Hour _____ Month, Day, Year _____<br>a. m. _____<br>p. m. _____   |  |   |   |  |  |
| 20d. INJURY OCCURRED<br>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<br><b>Warrenton, Mo.</b>   |  | COUNTY<br><b>Warren</b>  |
| 21. I attended the deceased from <b>4:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |  |   |   |  |  |
| 22a. SIGNATURE<br><i>Louise Hallock</i>  |  |   | 22b. ADDRESS<br><b>Warrenton, Mo.</b>   |  | 22c. DATE SIGNED<br><b>4-27-57</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>4-28-57</b>                          | 23c. NAME OF CEMETERY OR CREMATOR<br><b>City Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Warrenton, Mo.</b> |  |
| 24. FUNERAL DIRECTOR<br><b>F.W. Nieburg &amp; Co., Warrenton, Mo.</b>  |  |   | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><b>4/28/57</b>                         | 26. REGISTRAR'S SIGNATURE<br><i>Floyd Logan</i>  |

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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

MEDICAL CERTIFICATION

MAY 13 1951

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 *John J. Hieburg*.....  
Licensed Embalmer No. *38*

P. O. Address *Warrenton*

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