

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30699

STATE FILE NUMBER

FILED SEP 16 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> COUNTY <u>SANGAMON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GRIM-SMITH</u>		d. STREET ADDRESS <u>822-S-7<sup>th</sup> St.</u> Inside on Farm <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LEO</u> Middle <u>THEODORE</u> Last <u>WISKIRCHEN</u>		4. DATE OF DEATH Month <u>9</u> Day <u>9</u> Year <u>57</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 24, 1888</u>
9. AGE (In years last birthday) <u>69</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>QUINCY, ILLINOIS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MORTICIAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>HENRY WISKIRCHEN</u>		14. MOTHER'S MAIDEN NAME <u>MARY HECKLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>359-09-7693</u>	
17. INFORMANT <u>Rev. P. H. Wiskirchen, Springfield, Ill.</u>		Address <u>603 E. Lakebrook</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>CEREBRAL DAMAGE</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>MULTIPLE LACERATIONS FACE &amp; FRACTURED LEFT CLAVICLE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>33 HRS</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>AUTOMOBILE ACCIDENT</u>		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 checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>JUNCTION HIGHWAY 634 11</u>	
20f. CITY, TOWN, OR LOCATION <u>KIRKSVILLE</u> COUNTY <u>ADAIR</u> STATE <u>MO.</u>		21. I attended the deceased from <u>9-8-57</u> to <u>9-9-57</u> and last saw <u>him</u> alive on <u>9-9-57</u> Death occurred at <u>10:05</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>E. Rudin M.D.</u> (Degree or title)		22b. ADDRESS <u>Kirkville, Mo.</u>	
22c. DATE SIGNED <u>9-9-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>9-11-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	
23d. LOCATION (City, town, or county) (State) <u>Quincy, Ill.</u>		24. FUNERAL DIRECTOR <u>Davis &amp; Davis, Kirkville, Mo.</u> ADDRESS <u>Kirkville, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>9-10-1957</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Ratloff</u>	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

DEC 9 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 *Robert B. Jamis* .....

Licensed Embalmer No. *42* .....

P. O. Address *Switzerland* .....

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