

74  
V. S. No. 300  
REV. 10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10873**

FILED NOV 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ---a. STATE <u>Mo.</u> b. COUNTY <u>Je. 77.1</u>	
b. CITY OR TOWN <u>Crystal City Mo.</u>	c. LENGTH OF STAY (in this place township) <u>15 years</u>	c. CITY OR TOWN <u>Crystal City</u>	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 <u>Jefferson Memorial Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>409 9th St.</u> 0501	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Durward</u> b. (Middle) <u>A.</u> c. (Last) <u>Wehner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>5</u> <u>1957</u>
--	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/23/1911</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Glass worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pittsburg Plate Glass</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>D Festus, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Fred L. Wehner</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Noce</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Wehner</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or date of service) <u>1942-1945</u>	16. SOCIAL SECURITY NO. <u>489-03-4118</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Wehner</u> ADDRESS <u>Crystal City Mo.</u>
---	--	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease</u> 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Aug 12, 1957, to Nov 5, 1957, that I last saw the deceased alive on Nov 5, 1957, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dertalan Boggs</u> (Degree or title)	23b. ADDRESS <u>Festus, Mo</u>	23c. DATE SIGNED <u>11/7/57</u>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/8/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Crystal City Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>11-7-57</u>	REGISTRAR'S SIGNATURE <u>Gene A. Regan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Polite Funeral Home</u> ADDRESS _____
---	--	---

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

502

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 15 1957

DEC 13 1957

FEB 18 1958

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.....

Licensed Embalmer No. 3481

P. O. Address Capital City, Mo.

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.