

Health,  
& Welfare  
Public  
Service

3-300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

418202  
STATE FILE NUMBER

FILED DEC 10 1957

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Montgomery City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Dennis</u> Last <u>Wehrman</u>				4. DATE OF DEATH Month <u>November</u> Day <u>29</u> Year <u>1957</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 5, 1895</u>		9. AGE (In years at birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Montgomery County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Simon Wehrman</u>			13b. MOTHER'S MAIDEN NAME <u>Carrie Winter</u>			14. NAME OF HUSBAND OR WIFE <u>Bessie Wehrman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-42-9315</u>		17. INFORMANT <u>Mrs. Bessie Wehrman</u>		Address <u>Montgomery City, Mo.</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>Acute Dilatation Rt. Ventricle of Heart</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <u>BRONCHIAL PNEUMONIA</u>		<u>5 days</u>
DUE TO (c) <u>CARCINOMA OF PROSTATE 177X</u>							<u>P</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CHRONIC MYOCARDITIS 6 yrs.</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 Month, Day, Year a.m. p.m.									
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 <u>Feb 15 1952</u> to <u>Nov 29 1957</u> and last saw her alive on <u>Nov 29 1957</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>James O. Helms MD</u> (Degree or title)				22b. ADDRESS <u>New Plame mo</u>			22c. DATE SIGNED <u>12-9-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 2, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Montgomery City, Missouri</u>			
24. FUNERAL DIRECTOR <u>Schubert Funeral Home</u> ADDRESS <u>Montgomery City, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>12-6-1957</u>		26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>				

500

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1957

JUL 23 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 *E. Leon Siskankis*

Licensed Embalmer No. *4-136*  
P. O. Address *Montgomery 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.