

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41430**

FILED NOV 18 1957

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>476</u>		
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>				
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>28 Yrs.</u>		c. CITY OR TOWN <u>Sedalia</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>650 East 10th., St.</u>				d. STREET ADDRESS (If rural, give location) <u>650 East 10th., St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MELVIN F. WAHRENBROCK</u>			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>November 14, 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>Feb. 26, 1884</u>	9. AGE (In years last birthday) <u>73</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 100 Hrs. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Implement Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Allis-Chalmers Dealership</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Concordia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Ernest Wahrenbrock</u>			13b. MOTHER'S MAIDEN NAME <u>Sabina Trusheim</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Wahrenbrock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Not Given</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marie Wahrenbrock, Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Phlebitis, legs</u> DUE TO (c) <u>463X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis of heart from years</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? <u>2</u> 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) _____		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 <u>19 Oct 1957</u> to <u>14 Nov 1957</u> , that I last saw the deceased alive on <u>14 Nov 1957</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Carl D. Hiegel, M.D.</u>				23b. ADDRESS <u>1216 West 18th St. Sedalia, Mo.</u>		23c. DATE SIGNED <u>15 Oct 57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/16/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-15-57</u>		REGISTRAR'S SIGNATURE <u>Frances Shelby</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. W. Heakert Sedalia, Mo.</u>				

GILLESPIE FUNERAL HOME

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

5410

NOV 26 1957

OFFICE OF THE STATE BOARD OF HEALTH

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
Student Embalmer

Signed Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.