

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013190
STATE FILE NUMBER

FILED APR 29 1958

Registration District No. 15 Primary Registration District No. 5072 Registrar's No. 45

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1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 0060		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Newport Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lamar		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 mi. east Hiway 160		Length of stay in lb none	d. STREET ADDRESS (If outside, give location) Route 4		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILBUR EUGENE WESSLERY			4. DATE OF DEATH Month Day Year April 19 1958		
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 27, 1926		9. AGE (In years last birthday) 32
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Lawn Mower Co.	11. BIRTHPLACE (City and state or country) Hebron, Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Henry Wesslery		13b. MOTHER'S MAIDEN NAME Laura Holtzen		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II & Korea		16. SOCIAL SECURITY NO. 506-24-8009	17. INFORMANT Address Mr. Henry Wessler, Lamar, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull fracture DUE TO (b) car accident DUE TO (c) 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 Sudden
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.) car turn over second time throwing occupants out of car			
20c. TIME OF INJURY 12:30 a.m. April 19 58					
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.) Hiway 160, 10 mi. east Lamar		20f. CITY, TOWN, OR LOCATION COUNTY STATE Lamar, Barton Missouri 006	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:30 A. M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Clarence M. Child		22b. ADDRESS Coroner 3 Lamar Mo		22c. DATE SIGNED April 19 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 22, 1958		23c. NAME OF CEMETERY OR CREMATORY Lark Cemetery	
				23d. LOCATION (City, town, or county) (State) Lamar, Mo.	
24. FUNERAL DIRECTOR ADDRESS Chiles Funeral Home, Lamar, Mo.			25. DATE RECD. BY LOCAL REG. APR 22 58		26. REGISTRAR'S SIGNATURE Marie Korantzy

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 30 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 *Charles M. Chiles*

Licensed Embalmer No. *3473*

P. O. Address *Lane 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.