S. No. 300
v. 10.48

FILED MAY 29 1958

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 58-017751

BIRTH NO. _____ REG. DIST. NO. 814 PRIMARY REG. DIST. NO. 5186 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sullivan
c. LENGTH OF STAY (in this place): 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Side Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN: St. Clair 0360 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Springfield Road

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) 0 c. (Last) Wurmb
4. DATE OF DEATH (Month) (Day) (Year): May 13, 1958
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 29, 1878
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Belleville, Ill
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: August Wurmb
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Viola Wurmb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Span-Amer
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: August Baruer — ADDRESS: St. Louis, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis — yrs
DUE TO (c) Arteriosclerotic Heart Disease — yrs.

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 ☐ NO ☒ 2

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/30, 1958, *to* 5/13, 1958, *that I last saw the deceased alive on* 5/13, 1958 *and that death occurred at* 8:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John J. de Lavane MD
23b. ADDRESS: Sullivan, Mo
23c. DATE SIGNED: 5/16/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-16-58
24c. NAME OF CEMETERY OR CREMATORY: Walnut Hill Cemetery
24d. LOCATION (City, town, or county) (State): ~~Sullivan, Mo.~~ Belleville Ill.

DATE REC'D BY LOCAL REG.: 5-2-58
REGISTRAR'S SIGNATURE: Thomas C Dundon
25. FUNERAL DIRECTOR'S SIGNATURE: Casey-Lenox — ADDRESS: St. Clair, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. M. Lend

Licensed Embalmer No. 360

P. O. Address St. Clair,

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