. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58–017985
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 142 Primary Registration District No. 5556 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Howell

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Goldsberry Township — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Franci s Hpt. — Length of stay in 1b 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell

c. CITY OR TOWN Mountain View 0460 — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Gustav Middle J. Last Wendt

4. DATE OF DEATH Month May Day 5, Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Nov. 23, 1879

9. AGE (In years last birthday) 78 — 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) arming

10b. KIND OF BUSINESS OR INDUSTRY arm

11. BIRTHPLACE (City and state or country) New Haven, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME F.C. Wendt

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Evaline Wendt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT Evaline Wendt, Address Mtn. View, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH 10 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5-15-57, to 5-5-58 and last saw ~~her~~ him alive on 5-5-58

Death occurred at 4:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. E. Iffing M.D. 0

22b. ADDRESS Mtn. View, Mo

22c. DATE SIGNED 5-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 5/6/58

23c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery

23d. LOCATION (City, town, or county) (State) Montier, Missouri

24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn View, Mo.

25. DATE RECD. BY LOCAL REG. 5-19-58

26. REGISTRAR'S SIGNATURE Laura Mitchell

(Licensed Embalmer's Statement on Reverse Side)

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

26 0

[illegible] LICENSED EMBALMER

[illegible] verse [illegible] of this certificate was embalmed

[illegible] Student Embalmer No. .....

Signed Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mt. View, Mo

[illegible] LICENSED EMBALMER in his OWN HANDWRITING. (Failure [illegible]

[illegible] in his OWN handwriting.

[illegible]