

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026483

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 319

S. 300  
1-57

GILLESPIE FUNERAL HOME

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION  
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.

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pettis</b>  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Sedalia</b>   |                                   | c. CITY OR TOWN <b>Sedalia</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>   |                                   | 8. STREET ADDRESS (If outside, give location)<br><b>1300 East 7th St.</b>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>LOTTIE</b> Middle Last <b>WOHLBECK</b>  |                                   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>27</b> Year <b>1958</b>  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 9, 1876</b>  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                   | 9b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>   | 9. AGE (In years last birthday)<br><b>82</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |                                   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Florence, Missouri</b>                           |
| 13a. FATHER'S NAME<br><b>Fredrich Neitzert</b>  |                                   | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Frederich Wohlbeck (dec. 1936)</b>                              |
| 17. INFORMANT<br><b>Miss Beulah Wohlbeck, Hartsdale, New York</b>   |                                   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b>   |                                   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| DUE TO (b) <b>Arteriosclerotic Heart Disease</b>  |                                   |   |   |
| DUE TO (c) <b>4:30</b>  |                                   |   |   |
| 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?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.   |                                   |   |   |
| 20d. INJURY OCCURRED WHILE AT <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 <b>Sept 1957</b> to <b>27 July 1958</b> and last saw her alive on <b>26 July 1958</b><br>Death occurred at <b>4:30</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated. |                                   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Donald G. Porter M.D.</b>  |                                   | 22b. ADDRESS<br><b>Sedalia, Mo.</b>   | 22c. DATE SIGNED<br><b>28 July 1958</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>July 29, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Syracuse Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Syracuse, Missouri</b>                        |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>D. W. Heckart, Sedalia, Missouri</b>   |                                   | 25. DATE RECD. BY LOCAL REG.<br><b>7-29-1958</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Frances Shelby</b>  |

AUG 26 1958

AUG 27 1958

EMERALD JASPER EMBALMERS

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 *Russell P. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.