

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033919

STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 348

300
-57

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Benne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fredericktown Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital 1 day		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Elmer Middle Clarence Last Wilfong			4. DATE OF DEATH Month Sept. Day 10, Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 15, 1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 58 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mining	11. BIRTHPLACE (City and state or country) Madison County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Joseph Wilfong		13b. MOTHER'S MAIDEN NAME Susan Meyers		14. NAME OF HUSBAND OR WIFE Sally G. Wilfong	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 078-05-1120	17. INFORMANT Fredericktown, 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) Mesenteric Arterial occlusion by embolism		INTERVAL BETWEEN ONSET AND DEATH 2 days.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart Disease		Yrs.
	DUE TO (c) Generalized Arteriosclerosis.		Yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		19. WAS AUTOPSY PERFORMED? 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.) 4200	
20c. TIME OF INJURY Hour 6:25 Month, Day, Year June 8, 1958 a.m. P 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 Fredericktown COUNTY Madison STATE Mo.		

21. I attended the deceased from June 8, 1958 to Sept 10, 1958 and last saw him alive on Sept 10, 1958 Death occurred at 6:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Charles M. Mubach</i> (Degree or title)	22b. ADDRESS 135 S. Main La Motte Fredericktown Missouri	22c. DATE SIGNED Sept 12, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/13/58	23c. NAME OF CEMETERY OR CREMATORY Christian Cemetery	23d. LOCATION (City, town, or county) (State) Fredericktown, Mo.
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24. FUNERAL DIRECTOR Najim Funeral Home, ADDRESS Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG. Sept. 13, 1958	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 5 1959

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 McEachy

Licensed Embalmer No. 4852

P. O. Address Fredricktown,

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.