

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035478

STATE FILE NUMBER

UCC 20 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 459

S. 300
v. 1-57

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
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1815 Univ. Ave.		Length of stay in lb 35 yrs	d. STREET ADDRESS (If outside, give location) 0105 1815 Univ. Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jesse Middle Wrench Last Wrench			4. DATE OF DEATH Month 10 Day 14 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 Sept. 10, 1882		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) professor		10b. KIND OF INDUSTRY OR BUSINESS Un. of Mo	11. BIRTHPLACE (City and state or country) North Afton, New York		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Marquis De. Wrench		13b. MOTHER'S MAIDEN NAME Sarah Minor		14. NAME OF HUSBAND OR WIFE Jane Shurter Wrench	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT Address Mrs. Willard Heller Columbia, 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) ARTERIOSCLEROTIC HEART DISEASE					INTERVAL BETWEEN ONSET AND DEATH SEV'L YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) GENERALIZED ARTERIOSCLEROSIS					SEV'L YRS
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 <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 Hour _____ 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 7-26-1957 to 10-14-1958 and last saw ^{her} him alive on 9-17-1958 Death occurred at 1058 P on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John H. Walters</i> JOHN H. WALTERS, M.D.			22b. ADDRESS 22 N 8th Columbia, Mo.		22c. DATE SIGNED 10-15-1958
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
Crementation		10/16/58	Valhalla Crematory		St. Louis, Missouri
24. FUNERAL DIRECTOR Lyman Sprinkle			ADDRESS Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Oct 15 1958	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

NOV 1 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, ~~me~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Lyman Sprinkle*

Licensed Embalmer No. *4013*
P. O. Address *Columbus, W.*

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.