

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037100

STATE FILE NUMBER

FILED OCT 17 1958

Registration District No. 207 Primary Registration District No. Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brinktown, Mo.		c. CITY OR TOWN 063 OTOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home		d. STREET ADDRESS (If outside, give location) 58 Yrs.	
3. NAME OF DECEASED (Type or print) First George Middle Frank Last Wenzel		4. DATE OF DEATH Month Oct. Day 4 Year 1958.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25, 1866
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY Missouri	
10a. FATHER'S NAME William Wenzel		10b. MOTHER'S MAIDEN NAME Amelia Arens	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uraemia		INTERVAL BETWEEN ONSET AND DEATH 1 month	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic interstitial nephritis		DUE TO (c) 592X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ago		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. Month, Day, Year 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 Brinktown, Mo.	
21. I attended the deceased from Dec 14, 1957 to Oct 3, 1958 and last saw him alive on Oct 3, 1958 Death occurred at 6:45 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Donley Gates p.o.	
22b. ADDRESS Dixon, Mo.		22c. DATE SIGNED Oct 6, 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/6/58	23c. NAME OF CEMETERY OR CREMATORY Guardian Angel	23d. LOCATION (City, town, or county) (State) Brinktown, Mo.
24. FUNERAL DIRECTOR Wm. J. ...		25. DATE RECD. BY LOCAL REG. Oct 6, 1958	26. REGISTRAR'S SIGNATURE A. Haybelle White

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

W. B. ...

Licensed Embalmer No. 3664

P. O. Address Chennai

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.