

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018658

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No.

274

Primary Registration District No.

2052

Registrar's No.

190

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia		c. CITY OR TOWN Sedalia	
c. FULL NAME OF (If NOT in hospital, give location) Bothwell Hospital		d. STREET ADDRESS (If outside, give location) 223 East Howard	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle D. Last WANDS		4. DATE OF DEATH Month May Day 28 Year 1959	
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 Nov. 12, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter retired		11. BIRTHPLACE (City and state or country) Morgan County, Missouri	
13a. FATHER'S NAME Joseph Wands		14. NAME OF HUSBAND OR WIFE Effie Braden Wands, dec'd.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs. Elva Ellison, 223 East Howard Sedalia, 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) Pulmonary Edema DUE TO (b) Chronic Myocarditis DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		INTERVAL BETWEEN ONSET AND DEATH 4222	
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 12:05 P. Month, Day, Year		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 Sedalia, Mo.	
21. I attended the deceased from March 3, 1959 to May 28, 1959 and last saw him alive on May 28, 1959 Death occurred at 12:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Paul B. Gower M.D.	
22b. ADDRESS 101 1/2 So. Ohio		22c. DATE SIGNED May 29, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/30/59	
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		23d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
24. FUNERAL DIRECTOR Francis Ewing		25. DATE RECD. BY LOCAL REG. 5/30/1959	
26. REGISTRAR'S SIGNATURE Francis Shelby			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.