

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-024104

FILED VS JUL 27 1959

Registration District No. 31 Primary Registration District No. 5107 Registrar's No. 19

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>White Township</u>		Length of stay in lb <u>18 yrs</u>		c. CITY OR TOWN <u>Lonis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lonis, mo</u>				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EDWIN</u> Middle <u>Herman</u> Last <u>Wehrman</u>			4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>59</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 2, 1896</u>	
9. AGE (last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad worker</u>		11. BIRTHPLACE (City and state or country) <u>Benton County, mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis Wehrman</u>		13b. MOTHER'S MAIDEN NAME <u>Elta Hajden</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Wehrman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) <u>yes would was 7</u>				16. SOCIAL SECURITY NO. <u>721-05-3364</u> INFORMANT <u>Eva Wehrman</u> Address <u>Lonis, mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Coronary Embolism</u>						INTERVAL BETWEEN ONSET AND DEATH <u>15 Minutes</u> <u>45 Minutes</u> <u>7 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>		20d. INJURY OCCURRED WHILE AT WORK <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 <u>March 20-53</u> to <u>May 10-54</u> and last saw him alive on <u>June 20-1959</u> Death occurred at <u>6:45 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>T.R. McRae D.O.</u>				22b. ADDRESS <u>Lincoln, Mo. Box 13</u>		22c. DATE SIGNED <u>7-17-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/19/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lanell Oak Cem.</u>		23d. LOCATION (City, town, or county) <u>Windson mo</u>	
24. FUNERAL DIRECTOR <u>Fred Davis & son</u> ADDRESS <u>Lincoln</u>				25. DATE RECD. BY LOCAL REG. <u>July 19, 1959</u>		26. REGISTRAR'S SIGNATURE <u>E.H. Eickhoff</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6561 2 1959

NOV 2 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Frank J. Barton*
Licensed Embalmer No. 4621

P. O. Address Verbo. Negro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.