

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 27 1959 *82*

59-024598

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. *5309* Registrar's No. *101*

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 1.2em;">Cooper</p>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cooper</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <i>Rural, Boonville Twsp.</i>		Length of stay in 1b <i>55 Yrs.</i>	c. CITY OR TOWN <i>Boonville,</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>At Home, Boonville Twsp.</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>R. F. D. #1</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>William A. Wassmann</i>			4. DATE OF DEATH Month Day Year <i>July 20 1959</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>March 31, 1870</i>	9. AGE (last birthday) <i>89</i>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>	11. BIRTHPLACE (City and state or country) <i>Cooper County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Fred Wassmann</i>		13b. MOTHER'S MAIDEN NAME <i>Christine ???</i>		14. NAME OF HUSBAND OR WIFE <i>Wilhelmenia Hullhorst</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address <i>August Wassmann, Boonville, Mo. R. 4</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocarditis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension</i>				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 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 Month, Day, Year a.m. p.m.			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 <i>1956</i> to <i>July 20, 1958</i> and last saw him alive on <i>July 14, 1959</i> Death occurred at <i>4:30 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>JC Beckwith MD</i>			22b. ADDRESS <i>Boonville Mo</i>		22c. DATE SIGNED <i>7-23-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 23 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Walnut Grove</i>		23d. LOCATION (City, town, or county) (State) <i>Boonville, Mo.</i>		
24. FUNERAL DIRECTOR <i>Goodman & Boller, Boonville, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>7/23/59</i>		26. REGISTRAR'S SIGNATURE <i>St. Hooper</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 William W Wood

Licensed Embalmer No. 14539

P. O. Address Boonville, Mo

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