

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029804

FILED VS AUG 24 1959

209

Registration District No. 3043

Primary Registration District No. 237

STATE FILE NUMBER

DED

| | | | | | | | |
|--|--|---|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Marion b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Length of stay in lb 1 day c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Adams c. CITY OR TOWN Liberty Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) R R # 3 Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First HERMAN Middle F Last WESSEL | | | | 4. DATE OF DEATH Month August Day 12 Year 1959 | | | |
| 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 8/24/1886 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months 11 Days 18 | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contarctor | | 10b. KIND OF BUSINESS OR INDUSTRY Wessel & Son, Contarctors | | 11. BIRTHPLACE (City and state or country) Beardstown Ill. | | 12. CITIZEN OF WHAT COUNTRY U S A | |
| 13a. FATHER'S NAME Fred Wessel | | 13b. MOTHER'S MAIDEN NAME Angeline Evemeyer | | 14. NAME OF HUSBAND OR WIFE Zelma Hess Hansmeyer | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 330-28-5505 | | 17. INFORMANT Mrs. Zelma Wessel | | Address Liberty Ill. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) myocardial hypertrophy + Ang. DUE TO (c) Cancer of abdomen - same | | | | | INTERVAL BETWEEN ONSET AND DEATH acute 8 year unknown | | |
| 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 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 4/7/57 to Aug/12/59 and last saw him alive on Aug/12/59 . Death occurred at 1:30 A. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>T. W. Russell M.D.</i> (Degree or title) | | | 22b. ADDRESS Hell, Ill | | 22c. DATE SIGNED 8-14-59 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 8/14/1959 | 23c. NAME OF CEMETERY OR CREMATORY Franks Cemetery | | 23d. LOCATION (City, town, or county) Richfield Township Adams Cty. Ill | | |
| 24. FUNERAL DIRECTOR W. Crawford Smith Hannibal Missouri | | | 25. DATE RECD. BY LOCAL REG. 8/14/59 | | 26. REGISTRAR'S SIGNATURE <i>N E M. Luke By T. Fisher</i> | | |

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

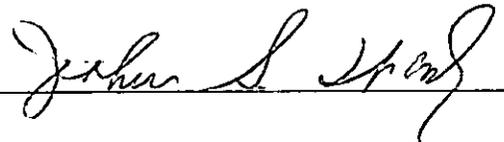
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4540

P. O. Address Hannibal Missou

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.