

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035980

FILED VS. OCT 26 1959

137 Primary Registration District No. 3023 Registrar's No. 260

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 7 days		c. CITY OR TOWN Hume (rural)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5 Mi. N-E Hume, Mo.			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CHARLES Middle LEWIS Last WETZEL				4. DATE OF DEATH Month October Day 18 Year 1959						
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/6/72		9. AGE (last birthday) 86		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Seymour Indiana		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Peter Wetzel			13b. MOTHER'S MAIDEN NAME Mary Sargent			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 496-16-6298		17. INFORMANT Miss Flossy Wetzel-Hume, Missouri				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis								INTERVAL BETWEEN ONSET AND DEATH 6 hours		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post-operative hypotension								24 hours		
DUE TO (c) Trans-urethral resection of Prostate										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic hypertrophy - Arteriosclerosis						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.		Month, Day, Year								
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 10-14-59 to 10-18-59 and last saw her/him alive on 10-18-59				Death occurred at 5:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Clinton L. Glespy, D.D.				22b. ADDRESS 105 E. Ohio Clinton, Mo.				22c. DATE SIGNED Oct. 20 1959		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10/20/59		23c. NAME OF CEMETERY OR CREMATORY Independence Cemetery		23d. LOCATION (City, town, or county) (State) Bates County, Mo.				
24. FUNERAL DIRECTOR Booth Funeral Service-Rich Hill, Mo.				25. DATE RECD. BY LOCAL REG. Oct. 20, 1959		26. REGISTRAR'S SIGNATURE Mildred Bigum				

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

Student _____
Signature of Student Embalmer

Signed John D. Wheeler

Licensed Embalmer No. 3585

P. O. Address Butler, Pa.

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.