

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-002938

FILED VS FEB 9 1960

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 23 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa COUNTY Van Buren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in lb 7 Days	c. CITY OR TOWN Mt. Sterling Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) (Merle or) Merle Lester Wand			4. DATE OF DEATH January 30, 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 9, 1913	9. AGE (last birthday) 46	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Merchant		10b. KIND OF BUSINESS OR INDUSTRY Pool Hall	11. BIRTHPLACE (City and state or country) Shelby County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Roy Wand		13b. MOTHER'S MAIDEN NAME Ruby Baltzer	14. NAME OF HUSBAND OR WIFE None		

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. 363 16 2135	17. INFORMANT Mrs. Ruby Wand, Shelbina, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary arrest		Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bleeding duodenal ulcer	1 week
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Patient was having a partial resection for the Peptic Ulcer	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
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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 _____ a.m. _____ p.m. _____	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **Jan 23 '60** to **Jan 30 '60** and last saw ^{her}him alive on **Jan 28 '60**
Death occurred at **10:45 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. Fleming, M.D. (Degree or title)	22b. ADDRESS Moberly, Mo.	22c. DATE SIGNED Jan 30 '60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/2/1960	23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery	23d. LOCATION (City, town, or county) (State) Shelby County, Missouri
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24. FUNERAL DIRECTOR Hayes Funeral Home, Shelbina, Mo.	25. DATE RECD. BY LOCAL REG. 2-2-60	26. REGISTRAR'S SIGNATURE Seabell
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 29 1960 SA

FEB 19 1960

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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina, Mi

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.