

STANDARD CERTIFICATE OF DEATH

-60-005779

STATE FILE NUMBER

45

FILED VS MAR 15 1960

Registration District No. 113

Primary Registration District No. 5430

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Clair rural route</u> Inside Limits Yes ☐ No ☒			c. CITY OR TOWN <u>St. Clair, RR 1</u> Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>90</u> Length of stay in lb			STREET ADDRESS (If outside, give location) <u>Box 245 B</u> Reside on Farm Yes ☒ No ☐		
3. NAME OF DECEASED (Type or print) First <u>MARCUS</u> Middle <u>M.</u> Last <u>WAHLELEITHER</u>			4. DATE OF DEATH Month <u>March</u> Day <u>10</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>March 23, 1877</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motel Operator</u>	11. BIRTHPLACE (City and state or country) <u>Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marcus Wahlleither</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Wahlleither</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>327-24-7302</u>	17. INFORMANT Address <u>Josephine Wahlleither, St. Clair, 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>Myocarditis</u> DUE TO (b) <u>Sclerosis & Arteriosclerosis</u> DUE TO (c) <u>4221</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			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> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>					
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		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>1957 to Mar 1960</u> and last saw her alive on <u>Mar 10 1960</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deputy or title) <u>R. P. Royce M.D.</u>		22b. ADDRESS <u>316 E. St. Sullivan Mo</u>		22c. DATE SIGNED <u>3/10/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Mar. 10, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Lake</u>		23d. LOCATION (City, town, or country) (State) <u>White Lake Wisconsin</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Oltmann Funeral Home, Union, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 10 1960</u>		26. REGISTRAR'S SIGNATURE <u>Josephine Wahlleither</u>	

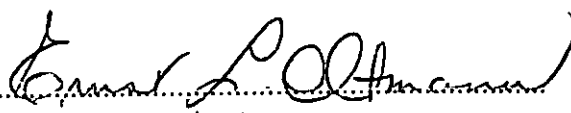
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 4054

P. O. Address ... Union, Missouri

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.