

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# =60-014663

INDEXED

FILED VS MAY 8 1960

88

Primary Registration District No.

5326

Registrar's No.

16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Steelville</b>		Length of stay in 1b <b>3-mos.</b>		c. CITY OR TOWN <b>Steelville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Star Route</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Star Route</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>J.</b> Last <b>Wyland, Sr.</b>				4. DATE OF DEATH Month <b>April</b> Day <b>19,</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/25/95</b>		9. AGE (last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>12</b>		IF UNDER 24 HR Hours <b>10</b> Min. <b>4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Embalmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Wacker-Helderle</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Jeremiah Wyland</b>				13b. MOTHER'S MAIDEN NAME <b>Margaret Carey</b>				14. NAME OF HUSBAND OR WIFE <b>Leola Wacker Wyland</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>488-10-0085</b>		17. INFORMANT Address <b>Leola Wyland, Steelville, Missouri</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> DUE TO (b) <b>coronary thrombosis</b> DUE TO (c) <b>arteriosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b> <b>12 hrs</b> <b>10 years</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Myocardial infarction, multiple, old</b>							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 checked="" 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 <b>6:10</b> a.m. <b>p.m.</b> Month, Day, Year <b>Nov. 29, 1957</b>		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 <b>Nov. 29, 1957</b> to <b>Mar 25 1960</b> and last saw <sup>her</sup> him alive on <b>Mar 25 1960</b> Death occurred at <b>6:10 P.m</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Leo W Haderlein MD</b>						22b. ADDRESS <b>750 Francis Place, Clayton 5, Mo</b>			22c. DATE SIGNED <b>4/21/60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>Apr. 22, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>						
24. FUNERAL DIRECTOR ADDRESS <b>WACKER-HELDERLE-3634 Gravois Ave.</b>				25. DATE RECD. BY LOCAL REG. <b>April 25, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Hazel Lichius</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 3 '0 1960

STATEMENT BY LICENSED EMBALMER

MAY 8 1960

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 Herbert J. Cox Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 20

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.