

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008579

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3035 Registrar's No. 49

AMENDED

FILED APR 10 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY Howell  
 b. CITY (If outside corporate limits, give TOWNSHIP only) West Plains Length of stay in lb  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 112 Worcester Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Howell  
 c. CITY OR TOWN West Plains Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 112 Worcester Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Carl Middle Wesley Last Ludwig 4. DATE OF DEATH Month 3 - Day 19 - Year 61

5. SEX M. 6. COLOR OR RACE Wht 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6-26-1896 9. AGE (last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail carrier 10b. KIND OF BUSINESS OR INDUSTRY West Plains Mo. 11. BIRTHPLACE (City and state or country) U.S.A 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Fritz Ludwig 13b. MOTHER'S MAIDEN NAME E. Sinclair 14. NAME OF HUSBAND OR WIFE Bernice Ludwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 16. SOCIAL SECURITY NO. - 17. INFORMANT Bernice Ludwig 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) Pyelonephritis INTERVAL BETWEEN ONSET AND DEATH 4 yr.  
 DUE TO (b) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Revere head injury 5 yr ago. PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  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 3-18-61 and last saw her alive on 3-18-61  
 Death occurred at 3-19-1961 3:30A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Z. Wilson, M.D. 22b. ADDRESS West Plains, Mo. 22c. DATE SIGNED 3-31-61

23a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 23b. DATE 3-22-61 23c. NAME OF CEMETERY OR CREMATORY Oak Lawn 23d. LOCATION (City, town, or county) (State) West Plains Mo.

24. FUNERAL DIRECTOR Rehelsons ADDRESS West Plains Mo. 25. DATE RECD. BY LOCAL REG. 4-6-61 26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

Wilson

APR 11 1961

VS APR 11 1961

**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 *A. D. Schertson*

Licensed Embalmer No. 3432

P. O. Address \_\_\_\_\_

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.