

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013250

STATE FILE NUMBER

AMENDED

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 96

FILED APR 17 1961

1. PLACE OF DEATH
a. COUNTY

FRANKLIN

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

Mo.

FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

WASHINGTON

Length of stay in 1b

35 yrs.

c. CITY
OR TOWN

WASHINGTON

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

320 OAK STREET

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

320 OAK ST.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Sophie

Middle

Last WAMHOFF

4. DATE OF DEATH

Month April

Day 8

Year 1961

SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-23-1872

9. AGE (last birthday)

88

IF UNDER 1 YEAR

Months 6 Days 15

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (City and state or country)

WASHINGTON, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

MARTIN NOELKER

13b. MOTHER'S MAIDEN NAME

ELIZABETH AVERBECK

14. NAME OF HUSBAND OR WIFE

BEN WAMHOFF

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.

NONE

17. INFORMANT

BERTHA NOELKER

Address

WASHINGTON, Mo.

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 hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1/2 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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 Month, Day, Year
a.m. p.m.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

Nov 1941 to Dec 1960

and last saw her

alive on

Dec 8, 1960

Death occurred at

11:00 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(Style)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

NIEBURG & VITT INC. Washington, Mo.

4/10/61

L.P. 2 Lickman L. Sperry

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 Vernon C. Vedder

Licensed Embalmer No. 5031

P. O. Address Washington,

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.