

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016615

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

513

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAY 22 1961

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph | | c. CITY OR TOWN St. Joseph | |
| Length of stay in lb Life | | Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Osteopathic Hospital | | d. STREET ADDRESS (If outside, give location) 1008 North 18th Street | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | |
|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First Nellie Middle G. Last Wilke | | | 4. DATE OF DEATH Month May Day 15 Year 1961 | | |
| 5. SEX Female | 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 Dec. 20, 1875 | 9. AGE (last birthday) 85 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bookkeeper | | 10b. KIND OF BUSINESS OR INDUSTRY Real Estate Co. | 11. BIRTHPLACE (City and state or country) St. Joseph, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Edward F. Wilke | | 13b. MOTHER'S MAIDEN NAME Christine Scheurer | | 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 | | 17. INFORMANT Richard Denicke Address St. Joseph, Mo. | |
|--|--|---|--|

| | | | |
|--|--|--|----------------------------------|
| 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) Cerebral Anoxemia | | | Immediate |
| DUE TO (b) Internal Hemorrhage | | | 3 days |
| DUE TO (c) Arteriosclerosis | | | Unknown |

| | | | |
|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility | | 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 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 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 **5-12-61** to **5-15-61** and last saw her/him alive on **5-14-61**
Death occurred at **1:30 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|--------------------------------------|---------------------------------|
| 22a. SIGNATURE (Degree or title) H.W. Taspas M.D. | 22b. ADDRESS 1201 Jule Street | 22c. DATE SIGNED 5-17-61 |
|---|--------------------------------------|---------------------------------|

| | | | |
|--|-------------------------------|--|---|
| 23a. BURIAL CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 17, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri |
|--|-------------------------------|--|---|

| | | |
|---|--|--|
| 24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc. ADDRESS St. Joseph, Mo. | 25. DATE RECD. BY LOCAL REG. May 19, 1961 | 26. REGISTRAR'S SIGNATURE Mr. Clark Hardell |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
H.W. Taspas M.D.

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 Raymond H. Truon

Licensed Embalmer No. 5147

P. O. Address St Joseph

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.