SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021097
STATE FILE NUMBER

AMENDED

Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 38

FILED JUL 11 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Holt
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oregon
Length of stay in 1b 10 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Holt
c. CITY OR TOWN Oregon
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Minnie Middle: Last: Wetzel
4. DATE OF DEATH Month: July Day: 4, Year: 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10/26/1879
9. AGE (last birthday) 81 years
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Buchanan Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James Campbell
13b. MOTHER'S MAIDEN NAME Mary Ellen Stanton
14. NAME OF HUSBAND OR WIFE Edward Wetzel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Melvin Scheib – Oregon, Missouri Address

INSTEAD OF

MEDICAL CERTIFICATION

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 Anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive Heart Failure
DUE TO (c) Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH (a) (b) years (c) years
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 ☐ 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 July 1957, to July 4, 1961 and last saw her alive on July 4, 1961
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James Humphrey (Degree or title) M.D.
22b. ADDRESS Mound City, Mo.
22c. DATE SIGNED 7/7/61

SHOULD READ

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/6/61
23c. NAME OF CEMETERY OR CREMATORY Maple Grove
23d. LOCATION (City, town, or county) Oregon (State) Missouri

24. FUNERAL DIRECTOR James N. Pettijohn ADDRESS Oregon, Mo.
25. DATE RECD. BY LOCAL REG. 7-8-1961
26. REGISTRAR'S SIGNATURE James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MAY 15 1962

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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon Mo.

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.