SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028864
STATE FILE NUMBER

AMENDED

FILED AUG 22 1961

Registrar's District No. 119 Primary Registration District No. 5493 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Herman
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frene Valley Nursing Home
Inside Limits Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First John Middle Edwin Last Wehmeyer
4. DATE OF DEATH Month August Day 13 Year 1961
5. SEX Male
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/16/1882
9. AGE (last birthday) 79
IF UNDER 1 YEAR Months Days 27 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm labor
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (City and state or country) Berger Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John C Wehmeyer
13b. MOTHER'S MAIDEN NAME Johanna Heithold
14. NAME OF HUSBAND OR WIFE never married
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 Ben Wehmeyer Address Morrison Mo

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) PYELONEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH 1 YR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) BENIGN PROSTATIC HYPERTROPHY — 3 YRS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
ARTERIOSCLEROTIC HEART DISEASE
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 6-22-54, to 8-13-61 and last saw her/him alive on 8-11-61
Death occurred at 1:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE George M. Workman (Degree or title) M.D.
22b. ADDRESS HERMANN, Mo
22c. DATE SIGNED 8-15-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 8/15/61
23c. NAME OF CEMETERY OR CREMATORY Good Hope Cemetery
23d. LOCATION (City, town, or county) Morrison (State) Mo
24. FUNERAL DIRECTOR Clyde Morton ADDRESS Linn Mo
25. DATE RECD. BY LOCAL REG. 8-15-61
26. REGISTRAR'S SIGNATURE Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

AUG 23 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 Vernon M. Morlock

Licensed Embalmer No. 4125

P. O. Address Linn 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.