

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030287

AMENDED

Registration District No. 274  
FILED AUG 29 1961

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

|                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                                                                                      |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>                                                                                                                                                                                                                                                                                            |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>mo</u> b. COUNTY <u>Benton</u>                                  |                                                            |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Sedalia</u>                                                                                                                                                                                                                                                     |                                                                                                           | c. CITY OR TOWN <u>Lincoln</u>                                                                                                                                       |                                                            |
| Length of stay in lb <u>3 weeks</u>                                                                                                                                                                                                                                                                                                     |                                                                                                           | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                 |                                                            |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>                                                                                                                                                                                                                                 |                                                                                                           | d. STREET ADDRESS (If outside, give location)<br><u>5 mile north west</u>                                                                                            |                                                            |
| Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                               |                                                                                                           | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                           |                                                            |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>MARY MARGARET Wischmeier</u>                                                                                                                                                                                                                                             |                                                                                                           | 4. DATE OF DEATH<br>Month Day Year<br><u>Aug 26 1961</u>                                                                                                             |                                                            |
| 5. SEX<br><u>Female</u>                                                                                                                                                                                                                                                                                                                 | 6. COLOR OR RACE<br><u>white</u>                                                                          | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>9/13/1866</u>                       |
| 9. AGE (last birthday)<br><u>94</u>                                                                                                                                                                                                                                                                                                     |                                                                                                           | IF UNDER 1 YEAR IF UNDER 24 HR.<br>Months Days Hours Min.                                                                                                            |                                                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housework</u>                                                                                                                                                                                                                         |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>                                                                                                                     |                                                            |
| 11. BIRTHPLACE (City and state or country)<br><u>Benton County mo</u>                                                                                                                                                                                                                                                                   |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                                                                                                                         |                                                            |
| 13a. FATHER'S NAME<br><u>Norman Lampe</u>                                                                                                                                                                                                                                                                                               |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><u>Katherine Stricker</u>                                                                                                               |                                                            |
| 14. NAME OF HUSBAND OR WIFE<br><u>Fred Wischmeier</u>                                                                                                                                                                                                                                                                                   |                                                                                                           | Address<br><u>Lincoln, mo</u>                                                                                                                                        |                                                            |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                                                                                                                                                                                                |                                                                                                           | 16. SOCIAL SECURITY NO.<br><u>none</u>                                                                                                                               |                                                            |
| 17. INFORMANT<br><u>Carl Wischmeier</u>                                                                                                                                                                                                                                                                                                 |                                                                                                           | Address<br><u>Lincoln, mo</u>                                                                                                                                        |                                                            |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u><br>DUE TO (b) <u>Coronary - Vascular Accident</u><br>DUE TO (c) <u>unknown</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH<br><u>immediate</u><br><u>immediate</u>                                                                                             |                                                            |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Fractured Right Hip</u>                                                                                                                                                                         |                                                                                                           | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |                                                            |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour a.m. p.m. Month, Day, Year<br><u>July 1957</u>                                                                                                                                                                                                                                                              | 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<br>COUNTY STATE                                                                                                                         |                                                            |
| 21. I attended the deceased from <u>July 1957</u> to <u>August 1961</u> and last saw her alive on <u>August 25, 1961</u><br>Death occurred at <u>9:42 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                       |                                                                                                           |                                                                                                                                                                      |                                                            |
| 22a. SIGNATURE (Degree or title)<br><u>John L. Heston D.O.</u>                                                                                                                                                                                                                                                                          |                                                                                                           | 22b. ADDRESS<br><u>Co. Camp. Mo.</u>                                                                                                                                 |                                                            |
| 22c. DATE SIGNED<br><u>Aug 26, 61</u>                                                                                                                                                                                                                                                                                                   |                                                                                                           | (Sign)                                                                                                                                                               |                                                            |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                                                                                              | 23b. DATE<br><u>8/28/1961</u>                                                                             | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Lincoln Lutheran</u>                                                                                                        | 23d. LOCATION (City, town, or county)<br><u>Lincoln mo</u> |
| 24. FUNERAL DIRECTOR<br><u>Fred Davis &amp; Son</u>                                                                                                                                                                                                                                                                                     |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><u>8/26-1961</u>                                                                                                                     |                                                            |
| ADDRESS<br><u>Lincoln</u>                                                                                                                                                                                                                                                                                                               |                                                                                                           | 26. REGISTRAR'S SIGNATURE<br><u>Frances Shelby</u>                                                                                                                   |                                                            |

(Licensed Embalmer's Statement on Reverse Side)

**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 Emil G. Bartram

Licensed Embalmer No. 1021

P. O. Address Peru, 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.