

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044182

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5935 Registrar's No. 3

FILED JAN 11 1962

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOEUF TWP.		c. CITY OR TOWN OWENSVILLE MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm home		d. STREET ADDRESS (If outside, give location) OWENSVILLE RURAL ROUTE	

3. NAME OF DECEASED (Type or print) First LORENA Middle ELIZABETH Last WEHREND			4. DATE OF DEATH Month Dec. Day 31 Year 1961		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 4 1912	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Farm home	11. BIRTHPLACE (City and state or country) Morrison, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Edward Figler	13b. MOTHER'S MAIDEN NAME Lena Stephen	14. NAME OF HUSBAND OR WIFE William Wehrend
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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 William Wehrend Owensville Mo.	Address
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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)	<i>Chronic Myocardial Degeneration</i>	<i>2 1/2 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Essential Hypertension</i>	<i>2 1/2 yrs.</i>
	DUE TO (c)	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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 OWENSVILLE MO	COUNTY GASCONADE	STATE MO
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21. I attended the deceased from 2-5-59 to 12-31-61 and last saw ^{her} ~~him~~ alive on 12-29-61
Death occurred at 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Renea Arnold, M.D.</i>	(Degree or title)	22b. ADDRESS <i>Owensville Mo.</i>	22c. DATE SIGNED <i>1-2-62</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 3 1962	23c. NAME OF CEMETERY OR CREMATORY St. Johns Lutheran	23d. LOCATION (City, town, or county) Drake Mo.	(State)
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24. FUNERAL DIRECTOR Gottenstroeter Service Owensville Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-2-62	26. REGISTRAR'S SIGNATURE <i>Delma Uffelmann</i>
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Milford H H Winter (Licensed Embalmer's Statement on Reverse Side)

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 Jerry F. Thompson

Licensed Embalmer No. 5165

P. O. Address Quemerville N.Y.

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.