

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007346

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 221 Primary Registration District No. \_\_\_\_\_ Registrar's No. 35

AMENDED

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clearmont</u>		c. CITY OR TOWN <u>Maryville</u>	
Length of stay in 1b <u>1 mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Wallin Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>318 E 13th</u>	
Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Archie R.</u> Middle <u>Wermelskirchen</u> Last <u></u>	4. DATE OF DEATH Month <u>2</u> Day <u>7</u> Year <u>1962</u>
---------------------------------------------------------------------------------------------------------	------------------------------------------------------------------

5. SEX <u>male</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-28-1868</u>	9. AGE (last birthday) <u>93</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
--------------------	-----------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	----------------------------------	--------------------------------------------	------------------------------------------

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad - Sweet Springs, Mo</u>	11. BIRTHPLACE (City and state or country) <u>U S A</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------------	------------------------------------------

13. FATHER'S NAME <u>Godfrey Wermelskirchen</u>	13b. MOTHER'S MAIDEN NAME <u>Winnifred Wermelskirchen</u>	14. NAME OF HUSBAND OR WIFE <u>Lewis Wermelskirchen</u>
-------------------------------------------------	-----------------------------------------------------------	---------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Lewis Wermelskirchen</u> Address <u>Maryville</u>
-------------------------------------------------------------------------------------------------------------------	-------------------------------------	--------------------------------------------------------------------

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 <u>No</u>
IMMEDIATE CAUSE (a) <u>Cardiac Asystole.</u>		<u>Instant.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Thrombosis affecting A.V. node.</u>	<u>Seconds.</u>
	DUE TO (c) <u>Coronary Arteriosclerosis.</u>	<u>Years.</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mitral stenosis, auricular tachycardia, Heart Disease, arteriosclerotic</u>	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 checked="" 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 January 18, 62 to Feb. 7, 62 and last saw him alive on Jan. 18, 1962  
Death occurred at 10:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>G. Lawrenceford</u> (Degree or title)	22b. ADDRESS <u>Elmo, Missouri</u>	22c. DATE SIGNED <u>Feb. 12, 62</u>
---------------------------------------------------------	------------------------------------	-------------------------------------

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-10-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge Cem - Stanberry, Mo.</u>	23d. LOCATION (City, town, or county) (State)
--------------------------------------------------------	----------------------------	---------------------------------------------------------------------------	-----------------------------------------------

24. FUNERAL DIRECTOR <u>Atchison, Maryville, Mo -</u>	25. DATE RECD. BY LOCAL REG. <u>2-12-62</u>	26. REGISTRAR'S SIGNATURE <u>Beas Bolt</u>
-------------------------------------------------------	---------------------------------------------	--------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 *M M Altkorn*

Licensed Embalmer No. 2279

P. O. Address Maryville, O

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.