MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012081

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. _____ Registrar's No. 81

FILED MAR 19 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

10740
10745
3
4 0
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12 1-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Elmo — Length of stay in Ib: 3 das
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Elmo Osteopathic Hospital. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Nodaway
c. CITY OR TOWN: Maryville — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Charles Middle: Wonder Last:
4. DATE OF DEATH Month Day Year: March 9, 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2,11,1868
9. AGE (last birthday): 94
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): Tel laborer
10b. KIND OF BUSINESS OR INDUSTRY: mics.labor
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Wonder
13b. MOTHER'S MAIDEN NAME: Jennie Bowers
14. NAME OF HUSBAND OR WIFE: May Wonder
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: E.D.Ditto, StJoseph, Mo. Address

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) Acute cong. heart failure, pulmonary edema. — INTERVAL BETWEEN ONSET AND DEATH: few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Purulent urinary cystitis, ascending infection — sev. months
DUE TO (c) Enlargement prostate and bladder stone. — sev. yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Malnutrition, arteriosclerosis, senility.
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 March 6, 1962, to March 9, 1962 and last saw ~~her~~ him alive on March 9, 1962
Death occurred at 5:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Marvin Ford D.O.
22b. ADDRESS: Elmo, Missouri.
22c. DATE SIGNED: Mar. 11,62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3,13,1962
23c. NAME OF CEMETERY OR CREMATORY: Miriam Cemetery
23d. LOCATION (City, town, or county) (State): Maryville, Mo.
24. FUNERAL DIRECTOR: Atchison Funeral Home, Maryville Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 3 12 62
26. REGISTRAR'S SIGNATURE: Bess Holt

(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_____ Signed G M Atkinson

Signature of Student Embalmer

Licensed Embalmer No. 2279

P. O. Address Maryville 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.