

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021896

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registered District No. 30 Primary Registration District No. 5103 Registrar's No. 35

FILED JUN 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 1080  
2 0808  
3 2  
4 0  
5 1  
6  
7 0  
8 2  
9 4200  
10  
11  
12 91-3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Benton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warsaw</b>		Length of stay in lb <b>7 hours</b>	c. CITY OR TOWN <b>Sedalia</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 Miles East</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>907 West 4th</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HARRY MELVIN WAHRENBROCK</b>			4. DATE OF DEATH Month Day Year <b>June 22 1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/10/1916</b>
9. AGE (last birthday) <b>46</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>12</b> Hours <b>12</b> Min.	IF UNDER 24 HR Hours <b>12</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wahrenbrock Implement Co. (Owner)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Co. (Owner)</b>	11. BIRTHPLACE (City and state or country) <b>LaMonte, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Melvin Wahrenbrock</b>	
13b. MOTHER'S MAIDEN NAME <b>Marie Hansan</b>		14. NAME OF HUSBAND OR WIFE <b>June Wahrenbrock</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 11</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>June Wahrenbrock</b>		Address <b>Sedalia, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Infark.</b> DUE TO (b) <b>Arteriosclerosis heart</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH <b>1 min</b> <b>10 yrs -</b>
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
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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Warsaw</b>	COUNTY <b>Pettis</b> STATE _____
21. I attended the deceased from <b>never</b> and last saw <b>never</b> him alive on <b>never</b> . Death occurred at <b>7:15p</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John J Reser (Benton Co Coroner)</b>		22b. ADDRESS <b>Warsaw, Mo</b>	22c. DATE SIGNED <b>6/22/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 25, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Sedalia Pettis Co. Mo.</b>
24. FUNERAL DIRECTOR <b>Ewing Funeral Home Warsaw</b>		25. DATE RECD. BY LOCAL REG. <b>June 23-1962</b>	26. REGISTRAR'S SIGNATURE <b>Jas. A. Logan</b>

SEP 7 1962  
JUL 3 1962

**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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.