

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020619

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 108

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED JUN 3 1963</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Laclede</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Long Nursing Home</u>		Length of stay in 1b <u>10yrs.</u>		c. CITY OR TOWN <u>Lebanon</u>	
Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>175 Morton Road</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		4. DATE OF DEATH		Month <u>May</u> Day <u>26</u> Year <u>1963</u>	
3. NAME OF DECEASED (Type or print)		First <u>Fred</u> Middle <u>Wasmer</u> Last <u>Wasmer</u>		4. DATE OF DEATH	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>3-21-86</u>		9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Laclede County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Andrew Wasmer</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Agee</u>	
14. NAME OF HUSBAND OR WIFE <u>deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>                    </u>	
17. INFORMANT <u>Ralph Wasmer, Lebanon, Missouri</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>2 yrs.</u>	
IMMEDIATE CAUSE (a) <u>Carcinoma of prostate gland</u>		DUE TO (b) <u>                    </u>		DUE TO (c) <u>                    </u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic nephritis</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 checked="" 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 Hour <u>          </u> Month, Day, Year <u>          </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 COUNTY STATE	
21. I attended the deceased from <u>11-8-61</u> to <u>5-26-63</u> and last saw her/him alive on <u>5-7-63</u>		Death occurred at <u>1:40 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>B.B. Hunt MD.</u>	
22b. ADDRESS <u>Lebanon, Mo.</u>		22c. DATE SIGNED <u>5-28-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>5-29-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Lebanon, Laclede Co., Mo.</u>	
24. FUNERAL DIRECTOR <u>J.J. Shadel</u> ADDRESS <u>Lebanon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-28-1963</u>		26. REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

ROLL NO. 07117

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*Permit Renewed 5-28-1968 D.L.H.*

**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 Bice M. Abbott

Licensed Embalmer No. 5115

P. O. Address Springfield, 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.