

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039677

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 264

FILED OCT 21 1963

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		c. CITY OR TOWN <u>BRAYMER</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Wetzel Hospital</u>		d. STREET ADDRESS <u>BRAYMER</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Minnie</u> Last <u>Emergy</u>		4. DATE OF DEATH Month <u>October</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>FEMALE</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>7/26/1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11a. FATHER'S NAME <u>F. A. Wetzel</u>		11b. MOTHER'S MAIDEN NAME <u>F. A. Wetzel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-50-0513</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anoxia</u> DUE TO (b) <u>Gastrointestinal Hemorrhage</u> DUE TO (c) <u>Uremia</u>		17. INFORMANT <u>Dr. G. S. Wetzel</u> Address <u>Clinton Mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Adenocarcinoma of Gallbladder &amp; Liver</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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>11:05</u> a.m. <u>A</u> Month, Day, Year <u>10/12/63</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 <u>BRAYMER</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>11:05</u> to <u>10/12/63</u> and last saw her alive on <u>10/12/63</u> Death occurred at <u>11:05</u> A <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. G. S. Wetzel</u>		22b. ADDRESS <u>105 E Ohio Clinton Mo</u>	
22c. DATE SIGNED <u>10/14/63</u>		22d. LOCATION (City, town, or county) (State) <u>BRAYMER Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10/14/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN</u>	23d. LOCATION (City, town, or county) (State) <u>BRAYMER Mo</u>
24. FUNERAL DIRECTOR <u>F. L. Schaberg</u>		25. DATE RECD. BY LOCAL REG. <u>OCT. 14, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Biguno</u>		27. REGISTRAR'S SIGNATURE <u>Mildred Biguno</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

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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 \_\_\_\_\_

Licensed Embalmer No. 4513

P. O. Address Plenton 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.

10-14-63  
10-14-63  
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Permit Obtained

10-14-63

(M.I.S.)