

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-040551**  
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 149

FILE NO. OCT 29 1963

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lincoln</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Troy</u> Length of stay in lb <u>lifetime</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> c. CITY OR TOWN <u>Troy, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Troy, Mo.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Lucille Margaret Wuelbern</u>	<b>4. DATE OF DEATH</b> Month Day Year <u>Oct. 18, 1963</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1/30/1882</u>	<b>9. AGE</b> (last birthday) <u>81</u> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR:
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>seamstress</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Lincoln Co. Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Frederick Wuelbern</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Helene Munesterman</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u>	<b>17. INFORMANT</b> Address <u>Helen Twellman, Troy, Mo.</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>C.V. (myocardial)</u> DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>10 yrs</u>
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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
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour a.m. p.m.	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>
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<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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21. I attended the deceased from May 1, 1948 to Oct. 18, 1963 and last saw her alive on Oct. 17, 1963  
 Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>H. T. Kelly D.O.</u>	<b>22b. ADDRESS</b> <u>Troy, Mo.</u>	<b>22c. DATE SIGNED</b> <u>Oct 22-63</u>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>OCT. 21, 1963</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Troy E &amp; R cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Troy, Mo.</u>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>KEMPER-MASBY FUNERAL HOME TROY MO</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-22-1963</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Charlotte Leek</u>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1201-102

JAN 20 1964

**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 Joseph A. Marshall

Licensed Embalmer No. 5105

P. O. Address Temp. 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.