

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11126

State File No.

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5134		Registrar's No. 469	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Wasington		c. LENGTH OF STAY (in this place) 5 weeks		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION So. of city limits on 29th Street				No. STREET ADDRESS (If rural, give location) R. R. 4 or 3226 S. 29th			
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Margaritha c. (Last) Trachsel				4. DATE OF DEATH (Month) (Day) (Year) May 4, 1955			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH April 4, 1873	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Kandergrund-Frutigen, Switzerland	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David Wandfluh		13b. MOTHER'S MAIDEN NAME Margaritha Stoller		14. NAME OF HUSBAND OR WIFE Albert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Joseph Koenig, R. R. #4, St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mo under	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-16, 1955, to 5-4, 1955, that I last saw the deceased alive on 5-2, 1955, and that death occurred at 7:40 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Clarence P. K. M. M. D.				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 5-4-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/6/1955		24c. NAME OF CEMETERY OR CREMATORY Helena Cemetery		24d. LOCATION (City, town, or county) (State) Helena, Missouri	
DATE REC'D BY LOCAL REG. May 9, 1955		REGISTRAR'S SIGNATURE Eather M. Allison		4850 25. FUNERAL DIRECTOR'S SIGNATURE Neaton - Bowman		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9561 46 11/11

for Disposition

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.....453

P. O. Address 3195 10th St. N.W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.