

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25702**

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen Del. California, Mo		d. STREET ADDRESS (If rural, give location) Gen Del. California, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) William c. (Last) Wahle			4. DATE OF DEATH (Month) (Day) (Year) Aug 1 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5 1872	9. AGE—(In years last birthday) 81	IF UNDER 1 YEAR 1-YEAR Months Days 3 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Truck Patching		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Wahle	13b. MOTHER'S MAIDEN NAME Katherine Keil	14. NAME OF HUSBAND OR WIFE Deceased
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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 Opal Wahle, Saratoga, Ark	ADDRESS Saratoga, Ark
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) California Moniteau Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 7, 1953 to Aug. 1, 1953, that I last saw the deceased alive on Aug. 1, 1953 and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE L. A. Bouslin D.O.	(Degree or title)	23b. ADDRESS California	23c. DATE SIGNED 8/3/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/3/53	24c. NAME OF CEMETERY OR CREMATORY Moniteau Evangelical	24d. LOCATION (City, town, or county) (State) Rural, California, Mo
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DATE REC'D BY LOCAL REG. 8/16/53	REGISTRAR'S SIGNATURE N. H. Pope	25. FUNERAL DIRECTOR'S SIGNATURE L. A. Bouslin	ADDRESS California
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(Licensed Embalmer's Statement on Reverse Side)

270

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

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
Student Embalmer

Signed Ernest Bonolin

Licensed Embalmer No. 2126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.