

FILED MAY 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16448

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville Mo	
c. LENGTH OF STAY (In this place) 1 yr		d. STREET ADDRESS (If rural, give location) Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-			

3. NAME OF DECEASED (Type or Print) William Simeon Wegener			4. DATE OF DEATH (Month) (Day) (Year) May-4th 1949			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept-22-1872	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 7 Days 12	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Warren County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Wegener		13b. MOTHER'S MAIDEN NAME Mary McNeary		14. NAME OF HUSBAND OR WIFE Leona Kuester Wegener	
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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) Unknown.		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Address Virgil W. Wegener Higginsville		
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. nephritis			4222

19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) ***** **	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Sept. 7, 1948, to May 4, 1949, that I last saw the deceased alive on May 3rd, 1949, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leon Smeiser D.O.</u>		23b. ADDRESS Higginsville, Missouri		23c. DATE SIGNED 5/4/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 6th-1949</u>	24c. NAME OF CEMETERY OR CREMATORY Higginsville Mo.		24d. LOCATION (City, town, or county) (State) Higginsville Mo.
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DATE REC'D BY LOCAL REG. 5-7-1949	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edgar S. Stuehn Hwy. 154</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-16-49

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 Robert H. Hooper

Licensed Embalmer No. 539

P. O. Address Piggensville

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.