

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 16020

BIRTH-NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY-REG. DIST. NO. 3007 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell-Union Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #1 0350</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Weidenbenner</u> c. (Last) <u>Weidenbenner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 13, 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Days <u>0</u> Hours <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Joseph Weidenbenner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Eckert</u>		14. NAME OF HUSBAND OR WIFE <u>Johanna Weidenbenner</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Johanna Weidenbenner Campbell Mrs. R. 1</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac-Auricular Fibrillation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Probable gastric carcinoma.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>  <u>4331</u> <u>Unknown</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 <u>4-28</u> , 1950, to <u>5-8</u> , 1950, that I last saw the deceased alive on <u>5-8</u> , 1950, and that death occurred at <u>11:55 A. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. W. Honda</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>5-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 11, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glennville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Campbell, Mo. Rt. 1</u>		
DATE REC'D BY LOCAL REG. <u>June 1-1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sanders Funeral Home Campbell, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

JUN 6 - 1950

BUTLER CO. HEALTH CENTER

FILE No. 550-250

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

*Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address

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