

FILED FEB 28 1951 STANDARD CERTIFICATE OF DEATH

State File No. 5441

0700
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 4341 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belflower		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belflower	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) Home	
3. NAME OF DECEASED (Type or Print) Fred William Weidemann		4. DATE OF DEATH (Month) (Day) (Year) 2 8 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-21-1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY General duties	11. BIRTHPLACE (State or foreign country) Bay Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry D. Weidemann	
13b. MOTHER'S MAIDEN NAME Mary Habermehl		14. NAME OF HUSBAND OR WIFE Dora Rebecka Weidemann	
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 Mrs Dora Rebecka Weidemann		ADDRESS Belflower 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Carcinomic of prostate 2 yrs.	
DUE TO (c) Chronic Insult of nephritis for years.		177X	
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 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) none		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 Dec 15, 1950, to 2-2, 1951, that I last saw the deceased alive on 1-21, 1951, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE James O. Helms MD		23b. ADDRESS New Florence Mo.	
23c. DATE SIGNED 2-8-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 11-1951	
24c. NAME OF CEMETERY OR CREMATORY Belflower		24d. LOCATION (City, town, or county) (State) Belflower Mo.	
DATE REC'D BY LOCAL REG. 2-12-51		REGISTRAR'S SIGNATURE Mrs May Miller	
25. FUNERAL DIRECTOR'S SIGNATURE Oland A. Jones		ADDRESS Belflower Mo.	

MAR 4 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 21 1951

RECEIVED

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 _____

Me

working under my personal supervision.

Student Embalmer No.

Signed _____

Clarence Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2978

P. O. Address. Bellflower 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.