

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5712

FILED MAR 15 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevier</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevier, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>23 yrs.</u>		0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Luther</u> c. (Last) <u>Weidlich</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-1952</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>12-3-1886</u>		9. AGE (In years last birthday) <u>55</u> Months <u>2</u> Days <u>18</u>		10. IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor (O.O)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Doctor</u>		11. BIRTHPLACE (State or foreign country) <u>Waterbury, Connecticut</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Frank Weidlich</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian C. Luther</u>		14. NAME OF HUSBAND OR WIFE <u>Margurite Weidlich (wife)</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WIN-E</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margurite Weidlich Bevier, Missouri</u>	
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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) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Severe</u>			2 years
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal insufficiency</u>			2 years

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 July, 1951, to Feb, 1952, that I last saw the deceased alive on 17 Feb, 1952, and that death occurred at 5:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald E Eggleston MD</u>		23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>28 Feb 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood</u>	
				24d. LOCATION (City, town, or county) (State) <u>Bevier, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>3-3-52</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. L. Edwards Bevier, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 25 1952

MAY 13 1952

SEP 6 1955

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 3.53.41  
Date Filed 3.13.52

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed James D. Davis  
Licensed Embalmer No. 4428

P. O. Address Bevier, Missouri

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.