

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7320**

WED APR 8 1952

0080

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

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>4040</u>		Registrar's No. <u>11</u>		
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williams Township</u>		0080		
d. FULL NAME OF HOSPITAL OR INSTITUTION ---				d. STREET ADDRESS (If rural, give location) <u>5 Miles South of Cole Camp</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>			b. (Middle) <u>---</u>		c. (Last) <u>Weisner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 1st 1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>29</u>	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Claus Gerdts</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Kriethe</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Weisner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edwin Weisner</u>					ADDRESS <u>Cole Camp Mo</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, asthma, etc.; it means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Fractured hip one year ago</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9049-47</u>					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>Nov 1</u> , 19 <u>52</u> , to <u>3-30</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>3-29</u> , 19 <u>52</u> , and that death occurred at <u>7:15 am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>G. W. Inouland</u>				23b. ADDRESS <u>W. Cole Camp, Mo.</u>		23c. DATE SIGNED <u>4-1-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 1st 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monsees Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>3 Miles South of Cole Camp</u>			
DATE REC'D BY LOCAL REG. <u>Apr 1, 1952</u>		REGISTRAR'S SIGNATURE <u>E. L. Eickhoff 394</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Eickhoff</u>		ADDRESS <u>Cole Camp Mo</u>		

**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..... *E. L. Eichhoff* .....

Licensed Embalmer No. 730 .....

P. O. Address Cole Camp 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.