

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23249

State File No.

S. No. 300
v. 10.48

FILED JUL 14 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 140

1972
0

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

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>W. MARSHALL</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLACKBURN</u>		<u>1970</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FITZGIBBIONS</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u> b. (Middle) <u>MADDOX</u> c. (Last) <u>WEGENER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 9 52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-28-1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>LINCOLN, NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>WM. T. MADDOX</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SUE LARKIN</u>		14. NAME OF HUSBAND OR WIFE <u>SAM F. WEGENER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. CHAS. KRESSE HIGGINSVILLE, MO</u>			
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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Palmonary edema</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Jaundice</u> DUE TO (c) _____ 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			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) m.	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>July 10, 1952</u> , to <u>July 9, 1952</u> , that I last saw the deceased alive on <u>July 9, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. R. Lawrence M. D.</u>			23b. ADDRESS <u>Marshall, Mo</u>		23c. DATE SIGNED <u>July 12 52</u>
24a. MORTUARY CREMATION/REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLACKBURN</u>	24d. LOCATION (City, town, or county) (State) <u>BLACKBURN, MO</u>		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Edney T Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home HIGGINSVILLE, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Forrest A. Hooper

Licensed Embalmer No. 4558

P. O. Address HIGGINSVILLE, 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.