

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31266

State File No. ....

FILED OCT 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 28

0370

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

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERMAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GASCONADE</u> <u>0370</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WORKMANN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>ARTHUR</u> c. (Last) <u>WEISSENBACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 30 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Aug. 8-1889</u>		9. AGE (in years last birthday) <u>63</u>		IF UNDER 1 YEAR: Months <u>22</u> Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morrison Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Fred Weissenback</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Vogt</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Weissenback</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes world war 1</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Weissenback</u> ADDRESS <u>Gasconade Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden death - probable</u>		DUPLICATE (b) <u>myocardial infarction</u>			15 min.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c)			
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 <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 3-29, 1949, to 8-30, 1952, that I last saw the deceased alive on 9-30, 1952, and that death occurred at 10:30 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carol T. Shaw, M.D.</u>		23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>9-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept 2/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Good Hope</u>	
				24d. LOCATION (City, town, or county) (State) <u>Morrison Mo</u>	

DATE REC'D BY LOCAL REG. <u>Sept 5, 1952</u>		REGISTRAR'S SIGNATURE <u>Narolby Wallace</u> 102-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Morton</u> ADDRESS <u>Chamois Mo</u>	
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NOV 8 1952

**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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.