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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39917

FILED DEC 9 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 385

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL IRON TWP.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEW IRON MOUNTAIN LAKE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington 8941
d. STREET ADDRESS (If rural, give location): 406 Center 6

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): Edward
c. (Last): Weinand

4. DATE OF DEATH (Month) (Day) (Year): Dec. 2 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept 26 1898
9. AGE (In years last birthday): 54 — If under 1 year: Months 2 Days 7 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Implement Dealer
11. BIRTHPLACE (City and State or Foreign Country): Troy, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Weinand
13b. MOTHER'S MAIDEN NAME: Bertha Cortelyou
14. NAME OF HUSBAND OR WIFE: NELLIE NEAL WEINAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 497-09-2840
17. INFORMANT'S SIGNATURE OR NAME: E.E. Weinand — **ADDRESS**: Farmington, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroner Jury Verdict: accidental drowning
DUE TO (b) due to an unavoidable accident while duck hunting
DUE TO (c)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
194

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): New Iron Mtn. Lake
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): IRON St. Francois, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 2, 1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Boat Capsizing while duck Hunting

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Beil J. Miller 3 (Degree or title): Coroner
23b. ADDRESS: Farmington Mo
23c. DATE SIGNED: 12/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/4/52
24c. NAME OF CEMETERY OR CREMATORY: Parkview Cem
24d. LOCATION (City, town, or county) (State): Farmington, Mo.

DATE REC'D BY LOCAL REG.: Dec. 4, 1952
REGISTRAR'S SIGNATURE: Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE: Earl Miller
ADDRESS: Miller Funeral Home Farmington, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1953

JAN 5 1953

MAY 5 1953

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.