

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41186**  
Registrar's No. **3132**

XC 1 648 440

REG. # **106 976**

BIRTH NO. **FILED DEC 12 1952** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

4008

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CRAWFORD</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (in this place) <b>2 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CUBA</b>		<b>0280</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>Box 141</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>R.</b> c. (Last) <b>WEIGEL</b>			4. DATE OF DEATH (Month) - (Day) (Year) <b>12 6 52</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-13-95</b>	9. AGE (in years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days <b>1 6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WHITE PINE, PENNSYLVANIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>JOHN R. WEIGEL</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN MARVIN</b>	14. NAME OF HUSBAND OR WIFE <b>VIRGINIA WEIGEL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>			
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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>INFARCTION OF MYOCARDIUM</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) ARTERIOSCLEROTIC CORONARY THROMBOSIS</b>  <b>DUE TO (c)</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>  <b>UNKNOWN</b>
19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>			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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-4-52</b> , to <b>12-6-52</b> and that death occurred at <b>10:55 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>C. Sparks</b>		(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>		23c. DATE SIGNED <b>12-6-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-7-52</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Cuba, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>12-7-52</b>	REGISTRAR'S SIGNATURE <b>Helen R. Dumb-McK.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul A. Shanklin, Cuba, Mo.</b>			

DEC 17 1952

VS FEB 23 1960

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 A. Shanklin

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.