

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26951**

FILED AUG 23 1954

BIRTH NO. --- REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **13**

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

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY HENRY	
b. CITY OR TOWN CLINTON		c. CITY OR TOWN DEERWATER - FAIRVIEW TWP	
c. LENGTH OF STAY (in this place) 1 WK		d. STREET ADDRESS (If rural, give location) RED 1.	
d. FULL NAME OF HOSPITAL OR INSTITUTION WETZEL HOSPITAL			
3. NAME OF DECEASED a. (First) LUKE b. (Middle) DEAN c. (Last) WIERSIG		4. DATE OF DEATH (Month) (Day) (Year) AUG. 15, 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JAN. 18, 1940
9. AGE (In years last birthday) 14 Months 6 Days 27		10. KIND OF BUSINESS OR INDUSTRY —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		11. BIRTHPLACE (City and State or Foreign Country) HENRY Co. MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME LEO H. WIERSIG	
13b. MOTHER'S MAIDEN NAME MATHE TALLY		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Leo H. Wiersig, Deepwater Mo 871		ADDRESS —	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage DUE TO (c) Accident; Head injury II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Skull Fracture	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9280 22	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm-home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Deepwater Henry Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-8-54 3:30 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR Thrown From Horse			
22. I hereby certify that I attended the deceased from 8-8, 1954 , to 8-15, 1954 , that I last saw the deceased alive on 8-15, 1954 , and that death occurred at 722 A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Leo H. Wiersig		23b. ADDRESS 105 E. Ohio	
23c. DATE SIGNED 8-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 17-54	
24c. NAME OF CEMETERY OR CREMATORY Emberwood Cem		24d. LOCATION (City, town, or county) (State) Clinton Mo	
DATE REC'D BY LOCAL REG. Aug 17-54 Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE J. A. Kersant ADDRESS Clinton Mo	

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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 H. J. Tansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.