

STANDARD CERTIFICATE OF DEATH

6930

State File No.

FILED MAR 8 1955

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 30711 Registrar's No. 28

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) <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>4 Hrs.</u>	c. CITY OR TOWN <u>Rural-Marshall</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>WEINREICH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1955</u>	

5. SEX <u>Male</u> ○	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 8, 1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>
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>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline Co. Missouri</u> ○		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William V. Weinreich</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Plourd</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Charles J. Weinreich</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillie F. Weinreich Marshall, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension</u>		
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	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) <u>331X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 March 4, 1955, to March 4, 1955, that I last saw the deceased alive on March 4, 1955 and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John R. Lawrence M.D.</u>	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>3-5-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Mem. Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Marshall Mo.</u>		

DATE REC'D BY LOCAL REG. <u>3-5-55</u>	REGISTRAR'S SIGNATURE <u>Cecil G. Reed Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Hershberger Marshall, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Joseph R. Mackler*

Licensed Embalmer No. *4571*

P. O. Address *Marshall*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**