

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7646

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.		c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 70 Yrs		e. STREET ADDRESS (If rural, give location) 1101 St/ Marys	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1101 St. Marys			

3. NAME OF DECEASED (Type or Print) JOHN	a. (First)	b. (Middle) BEN	c. (Last) WEKAMP	4. DATE OF DEATH (Month) (Day) (Year) MARCH 23, 1955
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5. SEX Male	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 29, 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 24	IF UNDER 1 MIN. Hours 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Effingham, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME G. H. Wekamp	13b. MOTHER'S MAIDEN NAME Adelaide Shumaker	14. NAME OF HUSBAND OR WIFE Louise Hentges
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 490-09-4734	17. INFORMANT'S SIGNATURE OR NAME Pauline Wekamp	ADDRESS J. C. Mo.
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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) Myocardial Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease DUE TO Atherosclerosis, general		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Early gangrene of feet			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 16, 1953 to Mar 23, 1955, that I last saw the deceased alive on Mar 23, 1955, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED Mar. 28, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/26/55	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
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DATE REC'D BY LOCAL REG. Mar 28-55	REGISTRAR'S SIGNATURE R. P. Davis MS TR 68	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle	ADDRESS J. C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1001

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.....  
*Sylvester Dulle*

Licensed Embalmer No. 432

P. O. Address *Jefferson*

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.