

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8873**

FILED APR 11 1955

BIRTH NO. _____		REG. DIST. NO. 211		PRIMARY REG. DIST. NO. 4924		Registrar's No. 5-55	
1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St-Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TuscombIA		c. LENGTH OF STAY (in this place) 2 1/2 hrs		c. CITY (If outside corporate limits, write RURAL and give township) 2109 OR TOWN St-Louis		d. STREET ADDRESS (If rural, give location) 4117 West-CARTER	
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphrey's - Hospital				d. STREET ADDRESS (If rural, give location) 4117 West-CARTER			
3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Keith c. (Last) Weidenhaft			4. DATE OF DEATH (Month) (Day) (Year) April-3-1955				
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 6 JUNE 1928	
9. AGE (In years last birthday) 26		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK.			10b. KIND OF BUSINESS OR INDUSTRY Auto-Warehouse		11. BIRTHPLACE (State or foreign country) Beloyt - KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lester-Weidenhaft			13b. MOTHER'S MAIDEN NAME Oileen-Church		14. NAME OF HUSBAND OR WIFE MARGAret-Weidenhaft		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-26-748		17. INFORMANT'S SIGNATURE OR NAME MARGAret-Weidenhaft ADDRESS St-Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure ANTECEDENT CAUSES DUE TO (b) Gunshot Wound DUE TO (c) B. Perforium II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9190 19					INTERVAL BETWEEN ONSET AND DEATH 8 Minutes 1 hr 50 minutes
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) TUSCOMBIA, RURAL, MILLER - Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-3-55 1:45 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidental Pulled TRIGGER by			
22. I hereby certify that I attended the deceased from 2:05 PM , 19 55 , to 4-3-55 , 19 55 , that I last saw the deceased alive on 4-3- , 19 55 , and that death occurred at 3:52 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. E. Humphrey D.O.				23b. ADDRESS TuscombIA - Mo		23c. DATE SIGNED 4 April 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6 April-55		24c. NAME OF CEMETERY OR CREMATORY CALVARY -		24d. LOCATION (City, town, or county) (State) ST-Louis Mo	
DATE REC'D BY LOCAL REG. April 4, 1955		REGISTRAR'S SIGNATURE Mrs. Richard L. Wright		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN-FUNERAL-HOME - ST-Louis Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 7 REC'D

MILLER COUNTY HEALTH
DEPARTMENT

APR 28 1955

APR 28 1955

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 Keith M. Kays

Licensed Embalmer No. 3958

P. O. Address Eldon 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.