

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **540**

FILED FEB 13 1958

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adaptation). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give town or township) Carrollton		c. CITY OR TOWN Carrollton	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) 3 weeks		e. STREET ADDRESS (If rural, give location) 302 West Benton Street.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bales Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Agnes		b. (Middle) Weking	c. (Last) Weking
4. DATE OF DEATH 1-28-58			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 17 1897
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 6 Days 11	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Keeping house	11. BIRTHPLACE (City and State or Foreign Country) Eugene Township
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME August Steik		13b. MOTHER'S MAIDEN NAME Agnes Thoenl.	14. NAME OF HUSBAND OR WIFE Herman Weking (Deceased)
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 Hilda M. Kruse.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) leukemia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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? 2 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) 2044	
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?	
22. I hereby certify that I attended the deceased from 10 Jan , 19 58 , to 28 Jan , 19 58 , that I last saw the deceased alive on 28 Jan , 19 58 , and that death occurred at 9 a. m., from the causes and on the date stated above.			
23a. SIGNATURE E. W. Allen		23b. ADDRESS MD. Carrollton, MO.	
23c. DATE SIGNED 31 Jan 58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-30-58	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carrollton Missouri.
DATE REC'D BY LOCAL REG. 1-31-58		25. FUNERAL DIRECTOR'S SIGNATURE Marshall F. Home (Carrollton Mo.)	
REGISTRAR'S SIGNATURE Mr. Herbert Calvert		ADDRESS	

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 *R. M. Marshall*.....

Licensed Embalmer No. *252*.....

P. O. Address *Carroll*.....

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.