

FILED JUL 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024848

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3500 Registrar's No. 395

300
1-57

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 703 Whitelaw St		Length of stay in 1b 15yrs	d. STREET ADDRESS (If outside, give location) 703 Whitelaw Street
3. NAME OF DECEASED (Type or print) First Albert Middle Henry Last Weisenborn			4. DATE OF DEATH Month July Day 9 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15. 1904
9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Work	10b. KIND OF BUSINESS OR INDUSTRY Sure Work
11. BIRTHPLACE (City and state or country) Gordonville M.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Wm Weisenborn	13b. MOTHER'S MAIDEN NAME Louise Nagel
14. NAME OF HUSBAND OR WIFE Lizzie Hitt Weisenborn	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. 489-26-4358	17. INFORMANT Lizzie Weisenborn Address Cape Girardeau Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the primary disease condition given in PART I (a) Sudden Atrial (Bastus Rhythm) Old leg injury			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1957		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 7-21-56 to 7-9-58 and last saw ^{her} _{him} alive on 7-9-58 Death occurred at 5:00AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm Gentry M.D.		22b. ADDRESS Cape Girardeau, Mo	22c. DATE SIGNED 11 July 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/13/58	23c. NAME OF CEMETERY OR CREMATORY Lorimer Cemt.	23d. LOCATION (City, town, or county) Cape Girardeau Mo
24. FUNERAL DIRECTOR L.L.Haman Cape Girardeau Mo		25. DATE RECD. BY LOCAL REG. July 21 1958	26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1958

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VS APR 20 1959

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 *L. J. Haman*

Licensed Embalmer No. 2863

P. O. Address. Cape Girardeau

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.