

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028170

STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 32 Primary Registration District No. 5115 Registrar's No. 55

300
1-57

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Whitewater TWP		c. CITY OR TOWN Sedgewickville 00796	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sedgewickville Rte. 80 Yrs		d. STREET ADDRESS (If outside, give location) Star Rte.	

3. NAME OF DECEASED (Type or print) First John Middle F Last Weiss			4. DATE OF DEATH Month Aug Day 22 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 11, 1868	9. AGE (In years last birthday) 89	FUNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charley Weiss	13b. MOTHER'S MAIDEN NAME Frances Winkler	14. NAME OF HUSBAND OR WIFE Celia Hilderbrand
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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. None	17. INFORMANT Mrs Anna Weiss Address Sedgewickville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 Yrs
DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis Amputation - rt. leg - old		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.) 4200
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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 Perryville, Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from 3-16-56 to 8-22-58 and last saw him alive on 2-18-57 Death occurred at 2: P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. F. Fairchild, M.D.	22b. ADDRESS Perryville, Mo.	22c. DATE SIGNED 8-23-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Sergeants Chapel	23d. LOCATION (City, town, or county) (State) Sedgewickville, Mo.
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24. FUNERAL DIRECTOR Young & Sons ADDRESS Perryville, Mo.	25. DATE RECD. BY LOCAL REG. 8/27/58	26. REGISTRAR'S SIGNATURE Mrs. Buford Crader
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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