

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043639

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 93

Primary Registration District No.

Registrar's No. 59-87

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|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rock prairie Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Everton</u> <u>0290</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Everton R 1</u> Length of stay in lb Years | | d. STREET ADDRESS (If outside, give location) <u>R. F. D. 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED First Middle Last (Type or print) <u>GUSTAVE HENRY WEICHOLD</u> | | | 4. DATE OF DEATH Month Day Year <u>Dec. 22 1958</u> |
| 5. SEX <u>Male</u> 0 | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 23 1871</u> |
| 9. AGE (In years last birthday) <u>87</u> FUNDING YEAR Months Days Hours Min. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Germany</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Henry Weichold</u> | | 13b. MOTHER'S MAIDEN NAME <u>Agnes Lantzsch</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Caroline Meierhoff</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If yes, give year or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT Address <u>D. A. Weichold Everton Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ARTERIO Sclerosis</u> DUE TO (c) <u>Coronary B. MAIOSIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year 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 <u>Dec. 15 - 58</u> to <u>Dec 22-58</u> and last saw her alive on <u>Dec 22-58</u> Death occurred at <u>12:05 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>G. F. Stager, D.O.</u> (Degree or title) <u>2</u> | | 22b. ADDRESS <u>Ash Grove, Mo.</u> | |
| 22c. DATE SIGNED <u>12/22/58</u> | | 23. NAME OF CEMETERY OR CREMATORY <u>Ray Spring</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Dec. 24 1958</u> | |
| 23c. LOCATION (City, town, or county) <u>Dade Co.</u> | | 23d. (State) <u>Mo.</u> | |
| 24. FEDERAL DIRECTOR ADDRESS <u>W. Birch Ash Grove, Mo.</u> | | 25. DATE RECD BY LOCAL REG. <u>12/26/1958</u> | |
| 26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u> | | | |

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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.

MEDICAL CERTIFICATION
A.F. Stager, D.O. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *James W. Biech*
Licensed Embalmer No. *3856*
P. O. Address *Ash Grove*

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.