

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006719

STATE FILE NUMBER

FILED MAR 16 1959

Registration District No. 294 Primary Registration District No. 2056 Registrar's No. 520

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Moberly</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		Length of stay in lb <b>20 Yrs</b>	d. STREET ADDRESS (If outside, give location) <b>726 W. Rollins</b>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>JAMES ROGER WEIDLE</b>			4. DATE OF DEATH Month Day Year <b>FEB. 28 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 19 1898</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner of Prescription Shop</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Benjamin Weidle</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Hester Weidle</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW II</b>		16. SOCIAL SECURITY NO. <b>067-07-1367</b>	17. INFORMANT <b>Mrs. J. R. Weidle</b> Address <b>Moberly</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) *Acute Posterior Myocardial Infarction, Subacute*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH  
**4201**

20a. ACCIDENT  SUICIDE  HOMICIDE

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  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
**Moberly Randolph Mo.**

21. I attended the deceased from **Feb 9 59** to **Feb 28 59** and last saw him alive on **Feb 28 59**  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Walter H. Lawrence* (Degree or title) \_\_\_\_\_

22b. ADDRESS **Moberly, Mo.**

22c. DATE SIGNED **Mar 2 59**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**Mar. 2, 1959**

23c. NAME OF CEMETERY OR CREMATORY  
**Oakland**

23d. LOCATION (City, town, or county) (State)  
**Moberly Mo.**

24. FUNERAL DIRECTOR ADDRESS  
**Mahan Funeral Service Moberly**

25. DATE RECD. BY LOCAL REG.  
**3-2-59**

26. REGISTRAR'S SIGNATURE  
*Peabody*

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be entered immediately or later in Part I. No symptoms with no diseases in Part I must be entered immediately or later in Part I.

JAN 11 1967

MS MAY 5 5 1967

STATE OF MISSISSIPPI

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 *John A. Green* .....

Licensed Embalmer No. *3815*.....

P. O. Address *Madison, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.