

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010116

STATE FILE NUMBER

FILED APR 8 1959

Registration District No. 187 Primary Registration District No. 2 Registrar's No. 96

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institutional, Residence before admission)	
a. COUNTY Livingston	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson	a. STATE Mo	b. COUNTY Livingston
c. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN Jamesport, Mo	d. STREET ADDRESS
Length of stay in lb Life		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) DANIEL Carl Weidemann			4. DATE OF DEATH Mar 25 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 2 1878	9. AGE (In years less birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		100. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Livingston, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Carl Weidemann		14. MOTHER'S MAIDEN NAME Bertha Lipke			
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 Ray Wood Jamesport, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Arteriosclerosis		5 min
DUE TO (b) Congestive Heart Failure		6 mo
DUE TO (c) Arteriosclerosis		18 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		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.) 4201	
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 Jamesport Mo	COUNTY	STATE
21. I attended the deceased from Feb 2-59 to Mar 25 59 and last saw him alive on Mar 23 59. Death occurred at 3:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE J. B. Bailey (Degree or title)		22b. ADDRESS Jamesport Mo	22c. DATE SIGNED 4-2-59	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Mar 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Memorial	23d. LOCATION (City, town or county) Jamesport Mo	(State)
24. FUNERAL DIRECTOR H. A. Roberson Jamesport Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 4/2/59	26. REGISTRAR'S SIGNATURE Frances B. Nasse	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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 Harvey Allen Robinson, Student Embalmer No. 5
working under my personal supervision..

Student H. A. Robinson
Signature of Student Embalmer

Signed O. L. Robinson

Licensed Embalmer No. 32

P. O. Address mesps

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.