Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014023
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 179 Primary Registration District No. 5668 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clark Twp — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Farm Residence — Length of stay in Ib
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Moscow Mills 0570 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Rural — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Henrietta Middle: Carolyn Last: Weitkamp
4. DATE OF DEATH: Month April Day 24 Year 1959
5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 2
8. DATE OF BIRTH: Feb 18, 1867
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Lincoln Co. Missouri 6
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Fred Hackmann
13b. MOTHER'S MAIDEN NAME: Carolyn Niehaus
14. NAME OF HUSBAND OR WIFE: Theodore L. Weitkamp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Reed Powellson, Moscow Millsm Mo. — Address

MEDICAL CERTIFICATION

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: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] 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

21. I attended the deceased from april 23, 1959, to april 24, 1959 and last saw her/him alive on april 23, 1959
Death occurred at 10:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. M. Keller, M.D. (Degree or title)
22b. ADDRESS: Bentzville, Mo.
22c. DATE SIGNED: 4-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/26/59
23c. NAME OF CEMETERY OR CREMATORY: Anderson Hill Cem.
23d. LOCATION (City, town, or county) (State): Lincoln Co. Missouri

24. FUNERAL DIRECTOR: Hemper-Marsh Funeral Home, Troy, Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-28-59
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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, xxxx ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.