

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017152

FILED MAY 25 1959 Registration District No. 77 Primary Registration District No. 3016 STATE FILE NUMBER Registrar's No. 156

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.		c. CITY OR TOWN St Thomas, Mo.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1829 Tanner Bridge Rd.		d. STREET ADDRESS (If outside, give location) 0360	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HELENA Middle WEKENBORG Last			4. DATE OF DEATH Month MAY Day 22 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 1, 1883	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1 Days 21	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Thomas, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Kolb	13b. MOTHER'S MAIDEN NAME Anna Backers	14. NAME OF HUSBAND OR WIFE Joseph Wekenborg
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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 Joseph Wekenborg	Address St. Thomas, 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) Probably Coronary Occlusion DUE TO (b) Arteriosclerosis DUE TO (c) Dr. Delatin's		INTERVAL BETWEEN ONSET AND DEATH 7 weeks years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not related to the terminal disease condition given in PART I (a)) Released from Hospital May 15, 59		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.)
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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.)	20f. CITY, TOWN, OR LOCATION St. Thomas, Mo.	COUNTY Cole	STATE Mo.
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21. I attended the deceased from May 10 59 to May 18/59 and last saw her alive on May 18, 59 Death occurred at 10:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE R. P. Davis (Degree or title)	22b. ADDRESS Jefferson City, Mo.	22c. DATE SIGNED 23 May 1959
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23a. BURIAL, CREMATION, OR OTHER (Specify) Burial	23b. DATE 5/25/59	23c. NAME OF CEMETERY OR CREMATORIUM St. Thomas, Mo.	23d. LOCATION (City, town, or county) (State) St. Thomas, Mo.
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24. FUNERAL DIRECTOR Sylvester Duke ADDRESS J C MO.	25. DATE RECD. BY LOCAL REG. 23 May 1959	26. REGISTRAR'S SIGNATURE R. P. Davis, Md. Dr.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

11023

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 *Sylvester Dulle*

Licensed Embalmer No. *432*

P. O. Address *Jeffersonville*

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.