

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020913

STATE FILE NUMBER

Filed JUN 30 1959 Registration District No. 114 Primary Registration District No. 5722 Registrar's No. 17

S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MERAMEC</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>SULLIVAN</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R. R. I</b>		Length of stay in 1b <b>6 MOS.</b>	d. STREET ADDRESS (If outside, give location) <b>R. R. I</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>LYDIA ALICE WEIRICK</b>			4. DATE OF DEATH Month Day Year <b>JUNE 25 1959</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 11, 1882</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days Hours Min. <b>76 7 14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>LESLIE, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JOHN H. GROB</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE KLEMM</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>MINNIE STROTCHAMP, SULLIVAN MO.</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) <b>Rupture of myocardium</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>arteriosclerotic heart disease</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) <b>ova. in December.</b>			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.)		
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 <b>6/4/59</b> to <b>6/6/59</b> and last saw her alive on <b>12/15/58</b> . Death occurred at <b>10:00 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Of declarant or title) <b>Ronald A. Keith, D.D.</b>		22b. ADDRESS <b>Sullivan, Mo.</b>		22c. DATE SIGNED <b>6/26/59</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 27, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
24. FUNERAL DIRECTOR <b>Amelator Sullivan, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>6/26/59</b>		26. REGISTRAR'S SIGNATURE <b>Thomas A. Dempsey</b>		

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

491  
6

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 ..... *Harrison Jr. Eaton* .....

Licensed Embalmer No. *5066* .....

P. O. Address *Sullivan, 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.