

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021762

FILED JUL 8 1959

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2577

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE IOWA b. COUNTY LINN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CEDAR RAPIDS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S HOSP		Length of stay in 1b 9 MO.	d. STREET ADDRESS (If outside, give location) 814 1/2 S RD. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FLORA MAY WESENBERG			4. DATE OF DEATH Month Day Year JUNE 18, 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 15, 1869		9. AGE (In years last birthday) 90 YRS.
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) CLARION IOWA		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME AMOS K. KETCHUM		13b. MOTHER'S MAIDEN NAME ANNIE GORTON		14. NAME OF HUSBAND OR WIFE OSWALD F. WESENBERG	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If no, give war or dates of service) NO		16. SOCIAL SECURITY NO. NOBE	17. INFORMANT Address MRS. A. L. BUFFER 5310 ROCKHILL RD. K. C. MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocardial infarct</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>chronic myocarditis</i>		
DUE TO (c) <i>had a hip fracture five weeks ago</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222F		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 a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <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 <i>May 10, 59</i> to <i>June 16, 59</i> and last saw her alive on <i>6-18-59</i> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>A. L. Buffer</i> (Deceased or title)	22b. ADDRESS <i>1207</i>	22c. DATE SIGNED <i>6-18-59</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JUNE 18, 1959	23c. NAME OF CEMETERY OR CREMATORY LINWOOD CEM	23d. LOCATION (City, town, or county) (State) CEDAR RAPIDS, IOWA
24. FUNERAL DIRECTOR <i>D. W. Newcome's son, mo.</i> ADDRESS <i>K. R.</i>		25. DATE RECD. BY LOCAL REG. <i>6-18-59</i>	26. REGISTRAR'S SIGNATURE <i>New Marshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

T. S. Bourke

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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Raymond M. Hardy*

Licensed Embalmer No. *4913*
P. O. Address *Indep. 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.