URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59–032121
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 249

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLINTON
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Clinton Gen'l
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Henry
c. CITY OR TOWN: Clinton Mo
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 721 E Green
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First John. Middle Frederick Last Weidemann

4. DATE OF DEATH: Month Oct Day 4 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/11/1884
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: General Building
11. BIRTHPLACE (City and state or country): Hawk Eye Iowa
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: CARL Weidemann
13b. MOTHER'S MAIDEN NAME: Un Known
14. NAME OF HUSBAND OR WIFE: Effie Vernon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Willard Weidemann Address: Clinton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	2½ days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary thrombosis	2½ days
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 5/23/59, to 10/4/59 and last saw him alive on 10/4/59
Death occurred at 2:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S. B. Hughes (Degree or title) M.D.
22b. ADDRESS: Clinton, Mo.
22c. DATE SIGNED: 10/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/7/1959
23c. NAME OF CEMETERY OR CREMATORY: Englewood Cem
23d. LOCATION (City, town, or county) (State): Clinton Mo

24. FUNERAL DIRECTOR: Consalus ADDRESS: Clinton Mo
25. DATE RECD. BY LOCAL REG.: OCT 7 - 1959
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. E. Consalve

Licensed Embalmer No. 1891

P. O. Address Clinton

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