

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036875

FILED VS OCT 21 1959

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Maries		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vienna, Mo.		a. STATE Mo.		b. COUNTY Maries	
		Length of stay in 1b 2 Months		c. CITY OR TOWN Vienna, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Frank		Middle Charles		Last Wekerlin		Month Oct. Day 12, Year 1959.	
5. SEX Male	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 7/13/1910	9. AGE (last birthday) 49	IF UNDER 1 YEAR	IF UNDER 24 HR	
					Months 2	Days 29	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Manager		10b. KIND OF BUSINESS OR INDUSTRY Road Building		11. BIRTHPLACE (City and state or country) Aurora, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frank C. Wekerlin			13b. MOTHER'S MAIDEN NAME Clara Davis		14. NAME OF HUSBAND OR WIFE Susan Wekerlin		
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. 488-24-6896		17. INFORMANT Address Mrs Susan Wekerlin, Vienna, Mo			
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) Coronary Occlusion							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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. Month, Day, Year _____							
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 Vienna,		COUNTY Maries	STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1:30P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. C. Birmingham Coroner				22b. ADDRESS Vienna, Mo.		22c. DATE SIGNED 10/13/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/15/59	23c. NAME OF CEMETERY OR CREMATORY Providence Cemetery		23d. LOCATION (City, town, or county) (State) Callaway County, Mo.			
24. FUNERAL DIRECTOR W. C. Birmingham ADDRESS Vienna, Mo.			25. DATE RECD. BY LOCAL REG. 10-14-59		26. REGISTRAR'S SIGNATURE Moylle Hutchison		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

666122 100 SA

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 W. C. Brimicombe

Licensed Embalmer No. 3664

P. O. Address Vienna

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.