

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-009850

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 8046 Registrar's No. 20

AMENDED

FILED MAR 21 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MONITEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CALIFORNIA, MO.		c. CITY OR TOWN CALIFORNIA, MO.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LATHEN HOSPITAL		d. STREET ADDRESS (If outside, give location) CALIFORNIA, MO.	
3. NAME OF DECEASED (Type or print) JOHN WEINGARTNER		4. DATE OF DEATH FEB. 11, 1961	
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 3/3/838
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cedron, Mo.
13a. FATHER'S NAME JACOB WEINGARTNER		13b. MOTHER'S MAIDEN NAME GERTRUDE FISCHER	14. NAME OF HUSBAND OR WIFE THRESA CALLAHAN
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.	17. INFORMANT Address MRS. JOHN WEINGARTNER CALIFORNIA
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis DUE TO (b) Generalized arterio-sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH 2 weeks 5 years.
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"/> N. <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	COUNTY _____ STATE _____
21. I attended the deceased from March 3, 1960 to Feb 11, 1961 and last saw ^{her} him alive on Feb 11, 1961 Death occurred at 5:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Kenyon Latham M.D.		22b. ADDRESS California, Mo.	22c. DATE SIGNED 2-14-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/14/61	23c. NAME OF CEMETERY OR CREMATORY Annunciation	23d. LOCATION (City, town, or county) (State) California, Mo.
24. FUNERAL DIRECTOR Stephen D. Dille	ADDRESS _____	25. DATE RECD. BY LOCAL REG. J C MO. 2-14-61	26. REGISTRAR'S SIGNATURE Helen L. Papageorg

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 _____

Licensed Embalmer No. 4321

P. O. Address _____

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.