

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016198

FILED VS. APR 22 1966

STATE FILE NUMBER

ENDED

Registration District No. 324 Primary Registration District No. 3246 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California, Mo Walker</u>		Length of stay in 1b <u>10 Yrs</u>		c. CITY OR TOWN <u>California, Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Latham Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>605 N Taylor</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>William</u> Last <u>Wegener</u>				4. DATE OF DEATH Month <u>Apr</u> Day <u>4</u> Year <u>1960</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8/24/86</u>		9. AGE (last birthday) <u>73</u>	
IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>		IF UNDER 24 HR Hours <u>11</u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	
11. BIRTHPLACE (City and state or country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Charley Wegener</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Knicker</u>			14. NAME OF HUSBAND OR WIFE <u>Tela Wegener</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>486-34-0902</u>		17. INFORMANT <u>Mrs. Oscar Wegener Calif, Mo</u> Address <u></u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>								INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS.</u>	
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		COUNTY _____ STATE _____			
21. I attended the deceased from <u>March 1960</u> to <u>April 4, 1960</u> and last saw ^{her} him alive on <u>April 3, 1960</u> Death occurred at <u>4/25A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Lord M. Greenfield MD</u>				22b. ADDRESS <u>California, Mo.</u>				22c. DATE SIGNED <u>4/5/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/6/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Shiolah Cemetery</u>		23d. LOCATION (City, town, or county) <u>Rural - Centertown, Mo</u>			
24. FUNERAL DIRECTOR <u>Bowlin Funeral Home - California, Mo</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>4/6/60</u>		26. REGISTRAR'S SIGNATURE <u>Robert Papezoy</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack H. Bowler

Licensed Embalmer No. 4933

P. O. Address California, CA

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.