

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36524

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Cole</u> <u>Marion, Ind.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown Mo</u>		c. LENGTH OF LIFE (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown Rural</u>		d. STREET ADDRESS (If rural, give location) <u>0260</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0260</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u> b. (Middle) <u>WEKAMP</u> c. (Last) <u>WEKAMP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>March 13, 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Days <u>8</u> Hours <u>12</u>
10a. USUAL OCCUPATION (Give kind of work and during most of lifetime, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Cole County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry Lentz</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Maus</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Wekamp Centertown Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Henry Wekamp Centertown Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>234V</u>				INTERVAL BETWEEN ONSET AND DEATH <u>50 hours</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 23, 1950</u> , to <u>Nov. 25, 1950</u> , that I last saw the deceased alive on <u>Nov. 25, 1950</u> , and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. J. Brown</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>11/27/50</u>	
24a. PORTAL CREMATION (Remove if applicable) <u>Not</u>	24b. DATE <u>Nov. 28, 1950</u>	24c. NAME OF CEMETERY OR CREMATOR <u>St. Martin</u>	24d. LOCATION (City, town, or county) (State) <u>St. Martin Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 28</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittner</u>		70		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Mo.</u> ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED ^{12/7}
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed ^{12/7/52}

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 _____

Donan K. James

Student Embalmer No. *374*

working under my personal supervision.

Student *Donan K. James*
Student Embalmer

Signed *Sylvester Dulle*
Licensed Embalmer No. *4321*

P. O. Address *Jefferson City 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 this body is not embalmed, fact should be so stated above.