

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27992**

0810
4

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

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>5945</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Phelps</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural North Dillon Twp</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Cole</u>	
c. LENGTH OF STAY (in this place) <u>1260</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>Rural (location not given)</u>			
3. NAME OF DECEASED				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Herman</u>		b. (Middle) <u>John</u>		c. (Last) <u>Wekenborg</u>		11-1-50	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 16, 1866</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>Taos, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>H.H. Wekenborg</u>			13b. MOTHER'S MAIDEN NAME <u>Elizbeth Burns</u>			14. NAME OF HUSBAND OR WIFE <u>Widowed Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ferndale Nursing Home</u>			
18. CAUSE OF DEATH				17. ADDRESS <u>St. James, Mo.</u>			
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial Pneumonia</u>		DUE TO (b) _____				<u>3 days</u>	
ANTECEDENT CAUSES		DUE TO (c) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS				3 years	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chronic myocarditis</u> } Initial registration					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 28, 1950</u> , to <u>Nov. 1, 1950</u> , that I last saw the deceased alive on <u>October 30, 1950</u> , and that death occurred at <u>7:55 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. J. Hammett, M.D.</u> (Degree or title)				23b. ADDRESS <u>St. James, Mo.</u>		23c. DATE SIGNED <u>11-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-5</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson City</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-6-5</u>		REGISTRAR'S SIGNATURE <u>Cara E. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Buesch Funeral Home</u> ADDRESS <u>Jeff City</u>			

RECEIVED
Phe'ps County Health Officer,
County File Number _____
Date Filed 11/15/50

09618 / 100

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 _____

JAKE NELSON Student Embalmer No. 386
working under my personal supervision.

Student Jake Nelson
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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 this body is not embalmed, fact should be so stated above.