

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26352****68****68**

FILED SEP 6 1951

BIRTH NO.		REG. DIST. NO. 52	PRIMARY REG. DIST. NO. 5187	Registrar's No. 68
1. PLACE OF DEATH a. COUNTY 0160		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape		
b. CITY (If outside corporate limits write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (In this place) 74 yr.		c. CITY (If outside corporate limits, write RURAL and give township) Near Delta Missouri 0-6"
d. FULL NAME OF HOSPITAL OR INSTITUTION Family Home		d. STREET ADDRESS (If rural, give location) Rural Hubbs Ferry 0		
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Josephine		c. (Last) Weissenborn
4. DATE OF DEATH (Month) (Day) (Year) Aug 27 1951		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Married		8. DATE OF BIRTH April 21 1879
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 4 Days 16		IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Cape Gir. County Delta Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Felbringer		
13b. MOTHER'S MAIDEN NAME Carolina Vasterling		14. NAME OF HUSBAND OR WIFE John Henry Weissenborn		
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. no		17. INFORMANT'S SIGNATURE AND NAME John Henry Weissenborn
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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery disease.		ADDRESS Delta Mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		INTERVAL BETWEEN ONSET AND DEATH 7 mo.
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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) 4201
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 3-11- 19 50 , to 8-27- 19 51 , that I last saw the deceased alive on 8-14- 19 51 , and that death occurred at 1:30 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Charles E. Wilson M.D.		23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 8-27-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 29 1951		24c. NAME OF CEMETERY OR CREMATORY Trinity Cemetery
24d. LOCATION (City, town, or county) (State) Near Delta Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Joe G. Howell Cape Gir Mo		
DATE REC'D BY LOCAL REG. Aug 29 51		REGISTRAR'S SIGNATURE D. G. Lutz 43		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 5 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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

Student Embalmer

Signed.....

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.