

No. 300  
10.48

DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42250

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 130

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Rural-Hudson</u>		c. CITY OR TOWN <u>Macon</u> <u>0611</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Vine Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeview Rest Home</u>			

3. NAME OF DECEASED a. (First) <u>Rosina</u> b. (Middle) <u>Weisenborn</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 7, 1866</u>		9. AGE (in years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Woodbury N.J.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Stephen Binder</u>			13b. MOTHER'S MAIDEN NAME <u>Rosina</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown Henry C. Weisenborn</u>		
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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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chas. H. Weisenborn</u> ADDRESS <u>Macon, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</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) <u>Fracture of Right Femur</u> <u>3 wks.</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility E9037</u>									
		INTERVAL BETWEEN ONSET AND DEATH									
		19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION <u>67 20'</u>									

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>67 20'</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rest Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon Macon Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 7 51 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on floor</u>	
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22. I hereby certify that I attended the deceased from 11/7/51, 1951, to 11/28, 1951, that I last saw the deceased alive on 11/27, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above. 11/15/51

23a. SIGNATURE <u>A. L. Burkhardt</u> (Degree or title)		23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>11/15/51</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/30/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12/17/51</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> <u>185</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u> ADDRESS <u>Macon, Mo</u>	
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RECEIVED 12.27.51  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 12.56.207  
Date Filed 12.29.51

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

*Thos. L. Bell*

Licensed Embalmer No. *4552*

P. O. Address *Macon, 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.