

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15947

State File No. ....

FILED JUN 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 135

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

1. PLACE OF DEATH a. COUNTY <u>COLE</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>JEFFERSON CITY, MO. 6 YRS</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CTY</u> <u>0364</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>805 BROADWAY</u>			d. STREET ADDRESS (If rural, give location) <u>805 BROADWAY</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>BERNARD</u> c. (Last) <u>WEKENBORG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 9, 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>NOV. 20, 1875</u>	9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR <u>6</u> Days # UNDER 1 HRS. <u>19</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>TAOS, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HERMAN HENRY WEKENBORG</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BRUNS.</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. P. H. PRENGER J. C. MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>		
ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>age</u>					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sedentary life</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			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) <u>Jefferson City, Cole Mo</u>	
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>July 15, 1948</u> to <u>June 9, 1952</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30 AM</u> from the causes and on the date stated above.					
23a. SIGNATURE (Name or title) <u>L. A. T. Meyer, M.D.</u>			23b. ADDRESS <u>108 1/2 E High Jefferson City 6-10-52</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 11, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCIS XAVIER</u>	
DATE REC'D BY LOCAL REG. <u>June 10-1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis M.D. - MR.</u>		24d. LOCATION (City, town, or county) (State) <u>TAOS, MO.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>			ADDRESS <u>J. C. MO.</u>		

**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 \_\_\_\_\_

*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.