

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37626**

FILED DEC 3 1952

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4039 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>BENTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINCOLN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINCOLN</u> <u>0080</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>F.</u> c. (Last) <u>WENIG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 28 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>FEB 11, 1869</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Benton Co. Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jacob Wenig</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Wenig</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Caroline Wenig Lincoln, Mo</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>10 days</u> <u>2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Gastric Carcinoma</u>		
	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"/>
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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>151X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Sept 20, 1952, to Nov 28, 1952, that I last saw the deceased alive on Nov 28, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>T. R. McBeal D.O.</u>	23b. ADDRESS <u>Lincoln Mo</u>	23c. DATE SIGNED <u>11-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln Benton Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov 30 1952</u>	REGISTRAR'S SIGNATURE <u>R. L. Eickhoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John J. Reese Lincoln Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-80

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 _____

John F. Reser

Licensed Embalmer No. _____

4098

P. O. Address _____

Warsaw

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.