

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9538**

BIRTH NO. **FILED APR 14 1954** REG. DIST. NO. **255** PRIMARY REG. DIST. NO. **5881** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>	
b. CITY OR TOWN <b>RURAL (Jefferson township)</b>		c. CITY OR TOWN <b>RURAL (Jefferson Twonship)</b>	
c. LENGTH OF STAY (in this place) <b>56 yrs</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>near family home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>PHILIP</b> b. (Middle) <b>ADOLPH</b> c. (Last) <b>WIEGERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 31 54</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT 14th 1897</b>	9. AGE (in years last birthday) <b>56</b>	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	
13a. FATHER'S NAME <b>BERNARD WIEGERS</b>			13b. MOTHER'S MAIDEN NAME <b>AMELIA WILLIAMS</b>		14. NAME OF HUSBAND OR WIFE <b>FAY (Keeney) WIEGERS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Fay Wieggers RFD Belle, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Fracture of Skull</b>			<b>Instant</b>
		ANTECEDENT CAUSES			
		DUE TO (b) <b>Fracture of neck and chest injuries.</b> DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS. <b>E9121</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>3</b>			
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jefferson township Osage Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3/3/54 5:15p</b>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Accidental - Overturning of farm tractor</b>	
22. I hereby certify that I attended the deceased from <b>1954</b> to <b>1954</b> , that I last saw the deceased alive on <b>3/3/54</b> , and that death occurred at <b>5:15 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Clyde Morton Coroner</b>			23b. ADDRESS <b>Box 255, Linn, Mo.</b>		23c. DATE SIGNED <b>4/3/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Richfountain Parish</b>		24d. LOCATION (City, town, or county) (State) <b>Richfountain Mo.</b>	
24b. DATE <b>4/3/54</b>		24e. NAME OF CEMETERY OR CREMATORY <b>Richfountain Parish</b>		24d. LOCATION (City, town, or county) (State) <b>Richfountain Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Apr 7-1954</b>		REGISTRAR'S SIGNATURE <b>T.A. Dubois</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sassmann's Funeral Service Belle</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 10 1954

**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 Cherita Sessom

Licensed Embalmer No. 4178

P. O. Address Blair-mw.

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.