

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5762

State File No.

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia</u>)		c. CITY OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp</u>		STREET ADDRESS (If rural, give location) <u>806 East 9th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) _____ c. (Last) <u>WESELOH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>June 15, 1876</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seamstress</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pettis County, Mo.</u>	
13a. FATHER'S NAME <u>Henry Weseloh</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lutgen</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	

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 ADDRESS <u>Charles Weseloh, Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio Sclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>B. Bright's</u>		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 May 1954 to Mar 1, 1955, that I last saw the deceased alive on 3-1, 1955, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. Rogers MD</u> (Degree or title)		23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>3/2/55</u>	
24a. BURIAL, CREMATION/REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/3/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3-3-55</u>		REGISTRAR'S SIGNATURE <u>Lawna Conroy Deputis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Swickhart Sedalia, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Russell C. Maag*.....

Licensed Embalmer No. *480*

P. O. Address *Sedalia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.