

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8729

State File No.

FILED MAR 21 1955

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4288 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow Mills, Mo. 5070</u>	c. LENGTH OF STAY (In this place) <u>50 yr.</u>	c. CITY OR TOWN <u>Moscow Mills, Mo.</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>In Home</u>		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>AUGUST</u>	b. (Middle) <u>FRED</u>	c. (Last) <u>WEITKAMP</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 15 1955</u>
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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>Mar 18, 1866</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (ret)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Capeln, Missouri, U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Besper Weitkamp</u>	13b. MOTHER, MAIDEN NAME <u>Anna Jakobmeier</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Louise Weitkamp</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>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm Weitkamp</u>	ADDRESS <u>Moscow Mills, 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		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Arterio-sclerotic heart disease</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) _____		
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)
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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?
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22. I hereby certify that I attended the deceased from Feb. 6, 1955 to Mar 15, 1955, that I last saw the deceased alive on Mar 14, 1955, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Kelby</u> (Degree or title) <u>J.D.</u>	23b. ADDRESS <u>Troy Mo</u>	23c. DATE SIGNED <u>3-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/18/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-19-55</u>	REGISTRAR'S SIGNATURE <u>Emma D. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u>	ADDRESS <u>Troy 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..... *Wayne McLog*
Licensed Embalmer No. *35*

P. O. Address *Troy, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.