

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8801

State File No. ....

FILED MAR 22 1955

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Madison 0621</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison 0621</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR: TOWN <u>Fredericktown</u>		c. LENGTH OF STAY (in this place) <u>47 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 West College St.</u>		d. STREET ADDRESS (If rural, give location) <u>211 West College St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGE</u>	b. (Middle) <u>ANTONE</u>	c. (Last) <u>WIEGENSTEIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 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>March 30, 1876</u>	9. AGE (In years) (last birthday) <u>78</u>	# UNDER 1 YEAR Months <u>11</u> Days <u>10</u>	# 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 (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Christopher Wiegenstein</u>	13b. MOTHER'S MAIDEN NAME <u>Juliana Canisivs</u>	14. NAME OF HUSBAND OR WIFE <u>Annie Wiegenstein</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. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Annie Wiegenstein</u> ADDRESS <u>Fredericktown, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>year</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <u>Arthritis</u>		<u>year</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>410 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 10 years to 10 days March 10, 1955, that I last saw the deceased alive on March 7, 1955, and that death occurred about 2 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. H. Houghton, M.D.</u>	23b. ADDRESS <u>1354 W. Main Fredericktown</u>	23c. DATE SIGNED <u>3-10-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/14/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-14-1955</u>	REGISTRAR'S SIGNATURE <u>Francis Dickson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Funeral Home</u> ADDRESS <u>Fredericktown, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
MAR 21 1955

FILE No. 355-10

MAY 8 1955

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 \_\_\_\_\_

*Charles McPartly*

Licensed Embalmer No. \_\_\_\_\_

4852

P. O. Address \_\_\_\_\_

*Fredericktown, 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.