

FILED JAN 30 1956

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

2290

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5932</u>		Registrar's No. <u>85</u>	
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 town) <u>Knobnoster (Rural)</u>		c. LENGTH OF STAY (In this place) <u>1 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Knobnoster (Rural)</u>		d. STREET ADDRESS <u>Lamonte Twpsh.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lamonte Twpsh</u>				d. STREET ADDRESS <u>Lamonte Twpsh.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>		b. (Middle) <u>Wade</u>		c. (Last) <u>Weikal</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>21</u> (Year) <u>56</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>Oct. 21 1903</u>	
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (State or foreign country) <u>Lamonte Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Weikal</u>		13b. MOTHER'S MAIDEN NAME <u>Stella McNair</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Mahin Weikal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-12-2864</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Weikal Sedalia Mo.</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <input checked="" type="checkbox"/>  DUE TO (c) <input checked="" type="checkbox"/>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lamonte, Pettis, Mo</u>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
21d. TIME OF INJURY (Month) <u>✓</u> (Day) <u>✓</u> (Year) <u>✓</u> (Hour) <u>✓</u> m.		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>April 12, 1955</u> , to <u>Jan 21, 1956</u> , that I last saw the deceased alive on <u>Jan 21, 1956</u> , and that death occurred at <u>8:42 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr. W. D. Moore M.D.</u>				23b. ADDRESS <u>Knobnoster, Mo</u>		23c. DATE SIGNED <u>Jan 24 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lamonte Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lamonte Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-24-56</u>		REGISTRAR'S SIGNATURE <u>Laura Coontz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>		ADDRESS <u>Lamonte Mo</u>	

(Inclosed Embalmer's Statement on Reverse Side)



FEB 10 1953

MAR 10 1953

### 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

*Paul M. Moore*

Licensed Embalmer No. *3923*

P. O. Address *La Monte M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.