

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3713

State File No. _____

No. 300
10.48

FILED FEB 23 1956

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL, and give township) Mexico		c. CITY OR TOWN Rush Hill	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 41 days		• STREET ADDRESS (If rural, give location) R. F. D. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) Romiger c. (Last) Wiegand			4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 28, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Audrain County Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Felix Romiger	13b. MOTHER'S MAIDEN NAME Carrie Seiger	14. NAME OF HUSBAND OR WIFE Charles Wiegand
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles Wiegand Rush Hill, Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Myocardial Infarction Complication of heart		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1561			

19a. DATE OF OPERATION Feb 2-56	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver & Gall	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1956, to Feb 13, 1956 that I last saw the deceased alive on Feb 13, 1956, and that death occurred at 9:50 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. H. Van Tonder, M.D.	23b. ADDRESS Medicine #2-1456	DATE SIGNED Feb 13 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-15-1956	24c. NAME OF CEMETERY OR CREMATORY Marine Cemetery	24d. LOCATION (City, town, or county) (State) Marina, Illinois
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DATE REC'D BY LOCAL REG. Feb 14 1956	REGISTRAR'S SIGNATURE Blanche Reely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arnold Funeral Home Mexico, Mo.
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(Licensed Emballer's Statement on Reverse Side)

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 *Ray Miller*

Licensed Embalmer No. *4492*

P. O. Address *Madison, Wis.*

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.