

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15887

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>160</u>
1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>JEFFERSON CITY, MO.</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY OR TOWN <u>Jefferson City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R. R 3 Liberty Township</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) _____	c. (Last) <u>WEKENBORG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14, 1956</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>Sept. 1, 1876</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR 0 months <u>13</u> Days IF UNDER 24 HRS. Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Taos, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Herman Wekenborg</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Schnieders</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Grothoff</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>Eugene Wekenborg Taos, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>bilateral hydronephrosis</u> DUE TO (c) <u>Prostatic hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>610X</u>	
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) _____	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 <u>5-13</u> <u>10:56</u> to <u>5-14</u> , 1956, that I last saw the deceased alive on <u>5-14</u> , 1956 and that death occurred at <u>8:42</u> <u>A</u> <u>m.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>J. Inouye, M.D.</u> (Degree or title) _____		23b. ADDRESS <u>515 E. High St.</u>		23c. DATE SIGNED <u>5-15-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/17, 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Xavier</u>	24d. LOCATION (City, town, or county) (State) <u>Taos, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>22 May 1956</u>	REGISTRAR'S SIGNATURE <u>R.P. Norris MD-MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>		ADDRESS <u>J. C. MO.</u>

(Licensed Embalmer'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..... *Sylvester Dulle*

Licensed Embalmer No. *43*.....

P. O. Address..... *Jefferson*

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.