

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26487

State File No. ....

FILED AUG. 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Washington</u>	c. LENGTH OF STAY (in this place) <u>11 days</u>	c. CITY OR TOWN <u>New Haven</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>P.R. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>WEGNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCE (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 14, 1878</u>	9. AGE (In years last birthday) <u>78</u> UNDER 1 YEAR Months <u>0</u> Days <u>26</u> IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Paul Wegner Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Adam</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Wegner</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>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Paul W. Wegner</u> ADDRESS <u>New Haven, R. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>old age</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	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 30 July, 1956, to 10 Aug, 1956 that I last saw the deceased alive on 9 Aug, 1956, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond Borgo, M.D.</u>	23b. ADDRESS <u>Washington, Mo.</u>	23c. DATE SIGNED <u>10 Aug 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 12, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Hudson Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Haven, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8/11/56</u>	REGISTRAR'S SIGNATURE <u>F. J. Selman</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg &amp; Witt</u> ADDRESS <u>Washington, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

99-0

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: *Lester H. Witt*

Licensed Embalmer No. *325*

P. O. Address *Washington,*

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.