

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37597**

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Okl</u>		b. COUNTY <u>F</u>	
b. CITY OR TOWN <u>Rural-Boles</u>		c. CITY OR TOWN <u>Cushing</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>4 mo</u>		e. STREET ADDRESS (If rural, give location) <u>835 8</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Labadie, Mo</u>					

3. NAME OF DECEASED (Type or Print) <u>Louis Weitzel</u>			4. DATE OF DEATH <u>Dec. 5 1956</u>		
a. (First)		b. (Middle)	c. (Last)		

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>7-28-1911</u>	9. AGE (In years last birthday) <u>45</u>	if UNDER 1 YEAR Months <u>4</u>	if UNDER 12 HRS. Days <u>7</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Line Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shell Pipe Line</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Guthrie - Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>Louis Weitzel</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Weitzel</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>Unknown</u>		16. SOCIAL SECURITY NO. <u>442-05-7793</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rosa Weitzel, Cushing Okla</u>		ADDRESS <u>Cushing Okla</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>few hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY thrombosis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with anterior descending vessel & infarction of my heart</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (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 11/5, 1956 to 12/5, 1956 that I last saw the deceased alive on 11/30, 1956, and that death occurred at 5:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Pacific Mo</u>		23c. DATE SIGNED <u>12/6/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cushing Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cushing Oklahoma</u>	
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DATE REC'D BY LOCAL REG <u>Dec. 6 - 1956</u>		REGISTRAR'S SIGNATURE <u>Mary B. Grassl</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Nieburg & Witt Inc Washington, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

94-0

1000
1000

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 Vernon C Vedder, Student Embalmer No. 537
working under my personal supervision..

Student Vernon C Vedder
Signature of Student Embalmer

Signed Jerome F Swoboda
Licensed Embalmer No. 4507

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.