

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

4275

State File No.

FILED MAR 12 1957

BIRTH NO.		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5429</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Lyons</u>		c. LENGTH OF STAY (in this place) <u>47 yrs</u>		c. CITY OR TOWN <u>New Haven</u> <u>0310</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>New Haven P.R.I.</u>				e. STREET ADDRESS (If rural, give location) <u>P.R.#1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Milton</u>		b. (Middle) <u>Oscar</u>		c. (Last) <u>Wegner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 9 1957</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>July 27, 1914</u>	
9. AGE (In years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Haven, R., Missouri, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Paul W. Wegner</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Scholl</u>		14. NAME OF HUSBAND OR WIFE <u>Amanda Wegner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-38-2062</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amanda Wegner, New Haven, R., 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Severe secondary anemia - Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hidradenoma Metastases</u> DUE TO (c) <u>Hypernephroma - Right Kidney</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>10 months</u> <u>13-15 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Hypernephroma of rt. kidney</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Feb. 12, 1957</u> , to <u>March 9, 1957</u> , that I last saw the deceased alive on <u>Feb. 17, 1957</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John B. Ryan</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Washington Missouri</u>		23c. DATE SIGNED <u>3-10-57</u>			
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 11, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>	
DATE REC'D BY LOCAL REG. <u>March 10 - 1957</u>		REGISTRAR'S SIGNATURE <u>John Charles Finley</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hieburg & Co. Inc., Washington, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1937

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. Velt

Licensed Embalmer No. 322

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.