

FILED AUG 6 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25642

State File No. 326

Registrar's No. 326

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 4408		State File No. 326			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithton</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Smithton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at her home</u>				e. STREET ADDRESS (If rural, give location) <u>0800</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bettina</u>		b. (Middle)		c. (Last) <u>Weiffenbach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 29-57</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Sept 25-1871</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boody, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>John Pistorius</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Eugene</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Glen Monroe Smithton Mo</u> ADDRESS _____					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>				19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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>Jan 1952</u> to <u>July 1957</u> , that I last saw the deceased alive on <u>July 1957</u> , and that death occurred at <u>6:30</u> p.m. from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Print or Title)				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>7/30/57</u>			
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>Aug 2-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Chapel Cemetery</u>		24d. LOCATION (City, town, or county) <u>Boody, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>8-1-57</u>		REGISTRAR'S SIGNATURE <u>Francis Shelby</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. T. Meyer Smithton Mo</u> ADDRESS _____					

(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 *A. F. Messinger*.....

Licensed Embalmer No. *391*.....

P. O. Address *Smithton*.....

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.