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THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

'57 0 277 25
 STATE FILE NUMBER

FILED AUG 19 1957

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARROLL</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CARROLLTON MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>CARROLLTON 0170</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATON CLINIC</u>			Length of stay in lb <u>1 Hour</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. 5 #</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>HERMAN</u> Middle <u>WEKING</u> Last <u>WEKING</u>				4. DATE OF DEATH Month <u>AUG</u> Day <u>6</u> Year <u>1957</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 27, 1896</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
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 <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>CARROLLTON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13. FATHER'S NAME <u>FRITZ WEKING</u>				14. MOTHER'S MAIDEN NAME <u>MARY SCHUMPFER</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.		17. INFORMANT <u>AGNES WEKING CARROLLTON, MO</u> Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myo Cardial Insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hard work</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4222</u>								INTERVAL BETWEEN ONSET AND DEATH <u>?</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from <u>July 20/57</u> to <u>Aug 6/57</u> and last saw <u>him</u> alive on <u>Aug 6/57</u> Death occurred at <u>4:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>R. H. Hamilton</u> (Print name)				22b. ADDRESS <u>Carrollton, Mo</u>				22c. DATE SIGNED <u>Aug 8</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG-8-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>OAK Hill CEMETERY</u>		23d. LOCATION (City, town, or county) <u>CARROLLTON, MO</u>		(State) <u>Mo</u>		
24. FUNERAL DIRECTOR <u>MARSHALL FUNERAL HOME</u>				ADDRESS <u>CARROLLTON</u>		25. DATE RECD. BY LOCAL REG. <u>8/8/57</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1958

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 *R. M. Maslow, Jr.*

Licensed Embalmer No. *44*

P. O. Address *Enroll*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.