S. No. 300
v. 10.48

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

FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-004359

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 4020 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Martinsburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Martinsburg 0040
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): THEODORE
b. (Middle): —
c. (Last): WIEBERG

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1958

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 8, 1893
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 7 Days 28
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Equipment
10b. KIND OF BUSINESS OR INDUSTRY: Farm machines
11. BIRTHPLACE (State or foreign country): Argyle, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Wieberg
13b. MOTHER'S MAIDEN NAME: Anna Otto
14. NAME OF HUSBAND OR WIFE: Ottlia D. Wieberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW #1
16. SOCIAL SECURITY NO.: 488-38-1109
17. INFORMANT'S SIGNATURE OR NAME: Joseph Wieberg
ADDRESS: Martinsburg, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma base of tongue — INTERVAL BETWEEN ONSET AND DEATH: 7 mo

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. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
1410
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-2, 1957, *to* 3/6, 1958 *that I last saw the deceased alive on* 3/1, 1958, *and that death occurred at* 2:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. W. Leland (Degree or title) MD
23b. ADDRESS: Wellsville MO
23c. DATE SIGNED: 3/8/58

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3/8/1958
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph
24d. LOCATION (City, town, or county) (State): Martinsburg, Missouri

DATE REC'D BY LOCAL REG.: Mar. 8-1958
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: N. B. Hill
ADDRESS: Wellsville, Mo

(Licensed Embalmer's Statement on Reverse Side)

9-0

MAR 13 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 .....
Student Embalmer

Signed Howard T Myers

Licensed Embalmer No. 1424 94

P. O. Address Wellsville Mo.

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 this body is not embalmed, fact should be so stated above.