

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026482

FILED JUL 28 1958

Registration District No.

274

Primary Registration District No.

3052

STATE FILE NUMBER

Registrar's No.

307

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, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>225 So. Stewart</u>		d. STREET ADDRESS (If outside, give location) <u>225 So. Stewart</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Jesse Samuel Wiegand</u>		4. DATE OF DEATH Month Day Year <u>July 18 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>Dec. 12 1885</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Freight Dept</u>	
11. BIRTHPLACE (City and state or country) <u>Alton Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Wiegand</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Schallenberg</u>	
14. NAME OF HUSBAND OR WIFE <u>Ollie Wiegand</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>702-18-5629</u>		17. INFORMANT Address <u>Mrs. Ollie Wiegand Sedalia</u>	
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>Myocarditis Chronic</u> DUE TO (b) <u>Hypertension-Chronic</u> DUE TO (c) <u>Atherosclerosis chronic</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>X</u>			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>X</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>X</u>		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Sedalia</u>	
21. I attended the deceased from <u>1955</u> to <u>7/18/58</u> and last saw him alive on <u>7/17/58</u> Death occurred at <u>4 a.m.</u> <u>7/18/58</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Walter Beekman M.D.</u>		22b. ADDRESS <u>500 W 16 Sedalia Mo</u>	
22c. DATE SIGNED <u>7/21/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>7-21-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	
23d. LOCATION (City, town, or county) <u>Sedalia</u>		23e. (State) <u>Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>McLaughlin Bros Sedalia</u>		25. DATE RECD. BY LOCAL REG. <u>7-22-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 J.P.M. Cary
Licensed Embalmer No. 3153
P. O. Address Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.