

STANDARD CERTIFICATE OF DEATH

54077-58

58-028111

STATE FILE NUMBER

FILED SEP 11 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 181

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 702 East Holm		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Steven Middle Dan Last Wedekind			4. DATE OF DEATH Month Sept. Day 4 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 3, 1958	9. AGE (In years last birthday)	FUNDER 1 YEAR Months 1 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and state or country) Mexico, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Julius Dan Wedekind		13b. MOTHER'S MAIDEN NAME Carol Marie Deneke		14. NAME OF HUSBAND OR WIFE Child	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Julius D. Wedekind Mexico, Mo. Address 702 E. Holm		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Depression					INTERVAL BETWEEN ONSET AND DEATH 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Intia Cranial Hemorrhage					
DUE TO (c) 7600					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 9-3-58 to 9-4-58 and last saw her alive on 9-3-58 Death occurred at 12:30 pm 9-4-58 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Arnold K. Cople MD</i> (Degree or title)			22b. ADDRESS Mexico Mo		22c. DATE SIGNED 9-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-5-1958	23c. NAME OF CEMETERY OR CREMATORY Gordonville Cemetery		23d. LOCATION (City, town, or county), (State) Gordonville, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.			25. DATE RECD. BY LOCAL REG. Sept. 5-1958	26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>	

(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
LAWRENCE P. EMMETT

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 *Leo J. Whitaker*

Licensed Embalmer No. *4780*
P. O. Address *Melina, 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.