

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039229  
STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 58

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salisbury</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Salisbury</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>203 West 3rd St.</b>		Length of stay in lb <b>80 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>203 West 3rd St.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Oscar - - - - - Weiler</b>			4. DATE OF DEATH Month Day Year <b>Dec. 8, 1958</b>
5: SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 30, 1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Men's Furnishing</b>	11. BIRTHPLACE (City and state or country) <b>Steinbach, Germany</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>- - - - -</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. Victor Friend, Lincoln, Neb.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b>			<b>5 yrs</b>
DUE TO (c) <b>Diabetes mellitus</b>			<b>260 X 25 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate disease condition given in PART I: <b>Amputation of right leg, December 23, 1953 gangrene due to Amputation of left thigh, March 1, 1951 pathosclerosis</b>			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <b>July 10, 1933</b> to <b>Dec 8, 1958</b> and last saw him alive on <b>Dec 6, 1958</b> Death occurred at <b>Dec 8, 1958 9:45 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. H. Horman - MD</b>		(Degree or title)	22b. ADDRESS <b>Salisbury, Mo.</b>
22c. DATE SIGNED <b>12/9/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12/10/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Mt. Sinai Cemetery St. Louis, Missouri</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>Chas. B. Winkelmeier, Salisbury, Mo.</b>		ADDRESS <b>12-9-58</b>	25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Chas B Winhelmeier* .....

Licensed Embalmer No. *3842* .....

P. O. Address *Salisbury, 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.