

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000699  
State File No. ....

No. 300  
10-48

FILED JAN 22 1959

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

BIRTH NO. _____		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>18</u>
1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>5 weeks</u>	c. CITY OR TOWN <u>Freeburg</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Freeburg, Missouri</u>		
3. NAME OF DECEASED a. (First) <u>Bernard</u> b. (Middle) <u>I</u> c. (Last) <u>Wegman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>18 Nov 1877</u>	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Maries County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John B Wegman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary H Schmitz</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E Wegman (Wife)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Tim Dicknite, Freeburg, Missouri</u>	
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) <u>arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>year</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>Jan 18</u> , 19 <u>59</u> , to <u>Jan 19</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>Jan 19</u> , 19 <u>59</u> and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Charles Douglas</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Jefferson City</u>	23c. DATE SIGNED <u>1-19-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>21 Jan 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Family Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Freeburg Missouri</u>	
DATE REC'D BY LOCAL REG. <u>20 Jan 1959</u>	REGISTRAR'S SIGNATURE <u>R. P. Dorrie, MA-5R</u>	EMBALMER'S SIGNATURE <u>W. C. Birmingham</u>		ADDRESS <u>Vienna, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

**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 *M*....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. C. Cunningham*.....

Licensed Embalmer No. 366.....

P. O. Address *Ueno*.....

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.