

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018238  
STATE FILE NUMBER

159

5591

Registrar's No. 31

FILED JUN 12 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <u>JEFF.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HILLSBORO</u> Central		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>HILLSBORO</u> 500
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAKE WAUWANOKA</u>		Length of stay in lb —	d. STREET ADDRESS (If outside, give location) <u>RT. #2 3 1/2 Mi. N. of TOWN</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM JOHN WEILANDICH</u>			4. DATE OF DEATH Month Day Year <u>MAY 29 1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR. 3 1942</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL BOY</u>		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) <u>17</u>
11. BIRTHPLACE (City and state or country) <u>ST. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PAUL WEILANDICH</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY DAY</u>	14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-44-2700</u>	17. INFORMANT Address <u>PAUL WEILANDICH HILLSBORO RT. 2</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>DROWNING</u>			INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>92.98</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>Swimming Accident.</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. — — — —		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.) <u>LAKE</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Central Twp. Jeff. Mo</u>	
21. I attended the deceased from <u>CORONER'S View</u> and last saw him alive on <u>11:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <u>11:30 AM</u>			
22a. SIGNATURE (Degree or title) <u>James R. Palmer M.D. Coroner.</u>		22b. ADDRESS <u>Hillsboro Mo.</u>	22c. DATE SIGNED <u>5/28/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JUNE 1, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GOOD SHEPHERD</u>
23d. LOCATION (City, town, or county) <u>HILLSBORO</u>		23e. (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>D. B. PIETRICH</u>		25. DATE RECD. BY LOCAL REG. <u>6-1-59</u>	26. REGISTRAR'S SIGNATURE <u>Oliver Berenshaw, Reg.</u>

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 *Samuel B. [Signature]*

Licensed Embalmer No. *4104*

P. O. Address *[Signature]*

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.