

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022323

FILED JUL 6 1959

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 48

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN		c. CITY OR TOWN JEFFERSON CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn Manor Rest Home		d. STREET ADDRESS (If outside, give location) 717 Broadway	

3. NAME OF DECEASED (Type or print) First Middle Last LOUISE MARGARET WEYLAND			4. DATE OF DEATH Month Day Year JULY 2 1871		
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5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/13/71	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer (Ret.)	10b. KIND OF BUSINESS OR INDUSTRY Grocery Business	11. BIRTHPLACE (City and state or country) Jamestown Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Weyland	13b. MOTHER'S MAIDEN NAME Mary Ann Bauer	14. NAME OF HUSBAND OR WIFE -----
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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 Address Linn Manor Rest Home, Linn, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH "
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerosis, generalized</i>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension</i>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <i>Jan 19, '59</i> to <i>July 2, '59</i> and last saw her <i>July 1, '59</i> alive on <i>July 1, '59</i> Death occurred at <i>9:30 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>Thomas W. Baldwin DO</i>	22b. ADDRESS <i>Linn</i>	22c. DATE SIGNED (State) <i>7/3/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 4th '59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Riverview Cemetery</i>	23d. LOCATION (City, town, or county) <i>Jefferson City, Mo.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Tanner Service, Jefferson City, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>7-3-59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Clyde Maston</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

  
Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Jefferson City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.