

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026093

FILED VS AUG 11 1959

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp.		Length of stay in lb Life	c. CITY OR TOWN Freeburg, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Vienna, Rt. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Timothy Middle Mark Last Wieberg			4. DATE OF DEATH Month Aug. Day 5, Year 1959.
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 1/7/59
9. AGE (last birthday) IF UNDER 1 YEAR Months 6 Days 28		IF UNDER 24 HR Min. 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Osage County
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Sylvester Wieberg	
13b. MOTHER'S MAIDEN NAME Anna Mae McKeown		14. NAME OF HUSBAND OR WIFE Never Married	
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 Sylvester Wieberg, Freeburg, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Strangulation from nursing bottle			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)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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	
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.) While taking milk from bottle	
20c. TIME OF INJURY 12:45 Month, Day, Year 8-5-59			
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.) At Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Freeburg Osage Mo
21. I attended the deceased from _____ to _____ and last saw ^{her} him alive on _____ Death occurred at 12:45P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i> Coroner		22b. ADDRESS Box 255, Linn, Mo.	22c. DATE SIGNED 8/6/59
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/7/59	23c. NAME OF CEMETERY OR CREMATORY Holy Family	23d. LOCATION (City, town, or county) (State) Freeburg, Mo.
24. FUNERAL DIRECTOR ADDRESS W. C. Birmingham . Vienna, Mo.		25. DATE RECD. BY LOCAL REG. Aug 7/59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(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

M. C. Bennett

Licensed Embalmer No. 36

P. O. Address Denver

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.