

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031576

STATE FILE NUMBER

FILED VS OCT 5 1959

042

1000

967

Registration District No. Primary Registration District No. Registrar's No.

DED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 1 day		c. CITY OR TOWN Easton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No. Belt Highway #71			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Easton			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RONNY Middle FRANCIS Last WEIPERT				4. DATE OF DEATH Month Sept. Day 23 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 8/20/1941		9. AGE (last birthday) 18 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY farm			11. BIRTHPLACE (City and state or country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Francis Weipert				13b. MOTHER'S MAIDEN NAME Eileen Waller				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) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Francis Weipert, Easton, Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock vessels DUE TO (b) skull fracture here to DUE TO (c) East. truck accident Highway 71-north of gene meadroad and 71 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH at once at once	
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.) Car coming south on 71 went out of control struck truck going north					
20c. TIME OF INJURY Hour 10:30 a.m. Month Sept Day 23 Year 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.) Highway 71		20f. CITY, TOWN, OR LOCATION St Joseph Buchanan Mo		COUNTY STATE	
21. I attended the deceased from viewed body and last saw him Sept 23-59 Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE S.E. Meloney M.D. Cronor				22b. ADDRESS 214 West 8th St Joseph Mo				22c. DATE SIGNED Sept 25 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9/26/1959		23c. NAME OF CEMETERY OR CREMATORY Seven Dolors Cemetery		23d. LOCATION (City, town, or county) Hurlinger Missouri			
24. FUNERAL DIRECTOR Heaton-Bauman				ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 28, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

SE. Meloney, M.D. 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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St

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.