URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1959

59-039438

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 339

MENDED

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo. — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Marys Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Osage
c. CITY OR TOWN Westphalia, Mo. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Catherine — Middle — Last Wekenborg

4. DATE OF DEATH Month Nov. Day 28, Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9/20/84
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months 2 Days 8 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Westphalia, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Conrad Fechtel
13b. MOTHER'S MAIDEN NAME Anna Borgmeyer
14. NAME OF HUSBAND OR WIFE Herman Wekenborg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) bd (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Herman Wekenborg Address Westphalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Uremic coma

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriolar nephrosclerosis and general visceral failure.

DUE TO (c) Strangulated right femoral hernia with incarcerated ~~small bowel and intestinal obstruction~~

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Death on 7th post operative day

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 21, 1959, to Nov 28, 1959 and last saw her/him alive on Nov. 28th
Death occurred at 11 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J W Ossman MD
22b. ADDRESS Jefferson City, Mo.
22c. DATE SIGNED 12-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/1/59
23c. NAME OF CEMETERY OR CREMATORY St. Jospeh
23d. LOCATION (City, town, or county) (State) Westphalia, Mo.

24. FUNERAL DIRECTOR Sylvester Dulle ADDRESS J C Mo.
25. DATE RECD. BY LOCAL REG. 5 Dec 1959
26. REGISTRAR'S SIGNATURE R.P. Dorris, MD - N Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

13 DEC 15 1959

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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