

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1960

-60-002802

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 30

STATE FILE NUMBER

|   |   |   |                                    |   |  |  |  |
|---|---|---|------------------------------------|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>  |   |   |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Sedalia</u>   |   | Length of stay in 1b<br><u>lifetime</u>   |                                    | c. CITY OR TOWN <u>Sedalia</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                    | d. STREET ADDRESS (If outside, give location)<br><u>121 1/2 South Osage</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED<br>(Type or print) First <u>ERNEST</u> Middle <u>RUSSELL</u> Last <u>WEINRICH</u>   |   |   |                                    | 4. DATE OF DEATH<br>Month <u>Jan.</u> Day <u>20</u> Year <u>1960</u>  |  |  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1/15/02</u> | 9. AGE (last birthday)<br><u>58</u>   | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> |  | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Salesman</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Wholesale salesman</u>  |                                    | 11. BIRTHPLACE (City and state or country)<br><u>Sedalia, Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME<br><u>Ernest Weinrich</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mayme Stambaugh</u>   |                                    | 14. NAME OF HUSBAND OR WIFE<br><u>Marian Kabler Weinrich</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>*****</u>  |   | 16. SOCIAL SECURITY NO.<br><u>491-07-6492</u>   |                                    | 17. INFORMANT<br>Address <u>121 1/2 South Osage</u><br><u>Mrs. Marian Weinrich, Sedalia, Mo.</u>  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |   |   |                                    |   |  |  |  |
| IMMEDIATE CAUSE (a) <u>Pneumonia, Right Upper Lobe</u>  |   | DUE TO (b) <u>Bilateral Pulmonary Embolism + Edema</u>  |                                    | DUE TO (c) <u>  </u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |   |   |                                    |   |  |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |                                    |   |  |  |  |
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>   | Month, Day, Year <u>  </u>  |   |                                    |   |  |  |  |
| 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  |  |
| 21. I attended the deceased from <u>July 1958</u> to <u>Jan 30, 1960</u> and last saw him alive on <u>Jan 30, 1960</u><br>Death occurred at <u>8:35 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |                                    |   |  |  |  |
| 22a. SIGNATURE<br><u>T.S. Hayskins, M.D.</u>  |   |   |                                    | 22b. ADDRESS<br><u>1609 S. First Sedalia, Mo.</u>   |  | 22c. DATE SIGNED<br><u>1-21-60</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |   | 23b. DATE<br><u>1/22/60</u>   |                                    | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park Cemetery</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>Sedalia, Missouri</u>  |  |
| 24. FUNERAL DIRECTOR<br><u>Thorne Ewing</u>   |   | ADDRESS<br><u>Sedalia, Mo.</u>  |                                    | 25. DATE RECD. BY LOCAL REG.<br><u>1-22-60</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Frances Shelby</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

INDEXED

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

*Thomas Ewing*

Licensed Embalmer No. 384

P. O. Address Seaboard

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