

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018805

FILED VS MAY 18 1960

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.		c. CITY OR TOWN Freeburg, Mo.	
Length of stay in 1b 4 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles E. StillHosp.		d. STREET ADDRESS (If outside, give location) Jackson Twp. Maries Co.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Josefa Middle None Last Wieberg			4. DATE OF DEATH Month May Day 12 , Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/25/1871	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months 7 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and state or country) Osage Co. Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Schmitz		13b. MOTHER'S MAIDEN NAME Minnie Lock	
14. NAME OF HUSBAND OR WIFE Fritz Wieberg		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 George 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) Myocardial Failure DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Fractured L. Hip		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	---	--

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.) Fell on front porch of home	
20c. TIME OF INJURY Hour 2 p.m. Month, Day, Year 5/8/60			

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.) Home	20f. CITY, TOWN, OR LOCATION Freeburg Osage Mo.	COUNTY	STATE
21. I attended the deceased from 5/8/60 to 5/12/60 and last saw her live on 5/12/60		Death occurred at 2:50A on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) R.A. Michael	22b. ADDRESS Jefferson City Mo.	22c. DATE SIGNED 5/13/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/14/60	23c. NAME OF CEMETERY OR CREMATORY Holy Family Cemetery
23d. LOCATION (City, town, or county) Freeburg, Mo.		

24. FUNERAL DIRECTOR M. J. Cunningham	ADDRESS Vienna, Mo.	25. DATE RECD. BY LOCAL REG. 12 May 1960	26. REGISTRAR'S SIGNATURE R.P. Harris, MD - Registrar
---	-------------------------------	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Comp. - (Lid. - Cal. - Balmer - 5121 - 1960 - 1960)

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. B. [Signature]

Licensed Embalmer No. 366

P. O. Address [Signature]

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