

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 28 1960

53

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 251

=60-022548

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU	Length of stay in 1b 2 DAYS	c. CITY OR TOWN BENTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First REGINA Middle MARY Last WIEDEFELD			4. DATE OF DEATH Month JUNE Day 15 Year 1960		
5. SEX FEMALE	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 DEC. 31 1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 5 Days 14 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE HOOD		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) NEW HAMBURG, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME William GEORGE WIEDEFELD	13b. MOTHER'S MAIDEN NAME MARY LEIBLE	14. NAME OF HUSBAND OR WIFE Does Not Apply
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. 499-40-6537	17. INFORMANT JOSEPH WIEDEFELD - New Hamburg, 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)	Co of Head of Pancreas	2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) with Carcinomatosis	
	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 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 Hour _____ a.m. _____ p.m.	Month, Day, Year	

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
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21. I attended the deceased from **June 13** to **June 15, 1960** and last saw her **her** alive on **June 15, 60**
Death occurred at **7 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE N. V. Ashland MD	Degree or title	22b. ADDRESS Cape Girardeau Mo	22c. DATE SIGNED 6-16-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 18, 1960	23c. NAME OF CEMETERY OR CREMATORY ST. LAWRENCE CATHOLIC CEM.	23d. LOCATION (City, town, or county) (State) NEW HAMBURG, Mo.
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24. FUNERAL DIRECTOR Bisplinghoff FUNERAL Home - CHAFFEE, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-21-1960	26. REGISTRAR'S SIGNATURE Dennis Kaster
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 29 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 _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address

C. Ruffee, M

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.