

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041302

FILED VS DEC 5 1960

53

Primary Registration District No. 0000

Registrar's No. 468

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Cape Girardeau b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Whitewater Length of stay in 1b _____ c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau c. CITY OR TOWN Whitewater Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Walter William Wedekind			4. DATE OF DEATH Month Day Year Nov. 20 1960				
5. SEX M.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 11 1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 8 Days 9 Hours _____ Min. _____ IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY Carrying Mail		11. BIRTHPLACE (City and state or country) Whitewater Mo.	12. CITIZEN OF WHAT COUNTRY USA.		
13a. FATHER'S NAME C.H. Wedekind		13b. MOTHER'S MAIDEN NAME Alvine Nothdurft		14. NAME OF HUSBAND OR WIFE Bessie Dirden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. I		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Bessie Wedeking Whitewater 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) Adenocarcinoma of Sigmoid Rectum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____ DUE TO (b) _____ 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 INTERVAL BETWEEN ONSET AND DEATH 18 months							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____		
21. I attended the deceased from Jan. 19 57 , to Nov 60 and last saw him live on 20 Nov 60 Death occurred at 1.30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree, title) R. E. Trubble, M.D.			22b. ADDRESS Stuffer, Mo		22c. DATE SIGNED 23 Nov 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 23-60	23c. NAME OF CEMETERY OR CREMATORY Whitewater Cemetery		23d. LOCATION (City, town, or county) (State) Whitewater Mo.			
24. FUNERAL DIRECTOR ADDRESS Deneke-Laird Jackson Mo.			25. DATE RECD. BY LOCAL REG. 11-29-60	26. REGISTRAR'S SIGNATURE James Kasten			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 5 1960

DEC 8 1960

DEC 9 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

R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, V.

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