

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048863

FILED VS. JAN 2 8 1961

172

Primary Registration District No. **3034**

Registrar's No. **5**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY LAFAYETTE b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HIGGINSVILLE Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE c. CITY OR TOWN HIGGINSVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 16 EAST 15 STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last ELLA CHARLOTTE LANDWEHR			4. DATE OF DEATH Month Day Year DEC 11 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-13-1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HIGGINSVILLE MO	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME HENRY LANDWEHR		13b. MOTHER'S MAIDEN NAME FRIEDRIENE BEAMAN		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT WILLIAM LANDWEHR Address HIGGINSVILLE 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) Insulin Reaction (Shock) 6 hrs duration DUE TO (b) Diabetes mellitus 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) Coronary Arteriosclerosis + Arteriosclerotic Heart Disease				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 Month, Day, Year a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from March 1950 , to Dec 11, 1960 and last saw her alive on Dec 11, 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) W. Koppert, M.D.			22b. ADDRESS Higginsville, Mo		22c. DATE SIGNED Dec 12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC-13-1960	23c. NAME OF CEMETERY OR CREMATORY CHURCH CEMETERY	23d. LOCATION (City, town, or county) (State) HIGGINSVILLE MISSOURI			
24. FUNERAL DIRECTOR WIEGERS-RIEKHOE Address HIGGINSVILLE MO		25. DATE RECD. BY LOCAL REG. Jan. 17. 1961	26. REGISTRAR'S SIGNATURE Lucie Gordon Jordan			

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 Roy F. Wiegman

Licensed Embalmer No. 2883

P. O. Address HIGGINSVILLE

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.