

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000619

FILED VS JAN 24 1961

STATE FILE NUMBER

AMENDED

Registration District No. 64 Primary Registration District No. 5244 Registrar's No. 5

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Chariton b. CITY Cockrell township Length of stay in 1b 2 yrs c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 Mi. N. of Salisbury Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Chariton c. CITY OR TOWN Cockrell Township Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 12 Miles No. of Salisbury Reside on Farm Yes No
3. NAME OF DECEASED (Type or print) First Middle Last Frank Joseph Weimer
4. DATE OF DEATH January 20, 1961
5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 8/12/1884 9. AGE (last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY General farm 11. BIRTHPLACE (City and state or country) Salisbury, Mo. 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Valentine Weimer 13b. MOTHER'S MAIDEN NAME Catherine Bertsch 14. NAME OF HUSBAND OR WIFE Regina Poeschl Weimer
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. 17. INFORMANT Mrs. Frank J. Weimer, Salisbury, 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) Cerebrovascular Hemorrhage Interval between onset and death several hours DUE TO (b) Cerebral Arteriosclerosis unknown DUE TO (c) Generalized Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized debility of the aged.
PART III. If deceased was female was there a pregnancy in last 90 days.
19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
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
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 January 20, 1961 and last saw him alive on January 19, 1961 Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) George D. Duncan M.D. 22b. ADDRESS Salisbury, Missouri 22c. DATE SIGNED 1-21-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 1/23/61 23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception 23d. LOCATION (City, town, or county) (State) Chariton County, Mo.
24. FUNERAL DIRECTOR ADDRESS Chas. B. Winkelmeier, Salisbury, Mo. 25. DATE RECD. BY LOCAL REG. 1-21-61 26. REGISTRAR'S SIGNATURE Opal L. Spence

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas B Winkelmeier

Licensed Embalmer No. 3842
P. O. Address Salisbury, Mo.

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.