

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008537

AMENDED

Registration District No. 137 Primary Registration District No. \_\_\_\_\_ Registrar's No. 62 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**FILED MAR 27 1961**

1. PLACE OF DEATH  
 a. COUNTY Herry co White Oak  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN \_\_\_\_\_ Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wich, Mo Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Herry  
 c. CITY OR TOWN Urich, Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Commerce Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
WILLIAM APAM WEIDMAN

4. DATE OF DEATH Month Day Year  
3 17 - 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH MAY 20 1883 9. AGE (last birthday) 77  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARDWARE DEALER  
 10b. KIND OF BUSINESS OR INDUSTRY RETIRED 11. BIRTHPLACE (City and state or country) Commerce, Mo.  
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ARON H. WEIDMAN 13b. MOTHER'S MAIDEN NAME LENA SCHROFF 14. NAME OF HUSBAND OR WIFE MARGARET E. WEIDMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT MARGARET E. WEIDMAN  
 (If yes, give war or dates of service) \_\_\_\_\_ Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:  
 PART I. IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
 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.  Yes  No  Unknown

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 a.m. p.m. 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 3-24-59 to 2-27-61 and last saw him alive on 3-17-61  
 Death occurred at 7:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh B. Walker MD 22b. ADDRESS 106 So 3rd Clinton Mo 22c. DATE SIGNED 3-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_ 23b. DATE 3-20-1961 23c. NAME OF CEMETERY OR CREMATORY Urich Cemetery 23d. LOCATION (City, town, or county) (State) Urich Herry Mo

24. FUNERAL DIRECTOR Brown & Gahan Urich Mo ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. Mar 20, 1961 26. REGISTRAR'S SIGNATURE Mildred Bigum

**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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.