

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022116

AMENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

199

STATE FILE NUMBER

FILED JUN 27 1961

## 1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Sedalia

Length of stay in lb

4 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Bothwell Hospital

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Benton

c. CITY  
OR TOWN

Cole Camp

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Highway 52

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Rosa

Middle

Blanch

Last

Wenig

4. DATE  
OF DEATH

Month

June

Day

19

Year

1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-5-1877

9. AGE (last birthday)

83

IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Cole Camp, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Zachariah Earhart

13b. MOTHER'S MAIDEN NAME

Hannah Martin Bush

14. NAME OF HUSBAND OR WIFE

Arthur Wenig

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

Address

E.L. Eckhoff Cole Camp 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)

Medullary Paralysis

INTERVAL BETWEEN  
ONSET AND DEATH

immediate

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Cerebral Hemorrhage

3 days

DUE TO (c)

UNKNOWN

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 ☐ Unknown19. 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  
INJURYHour  
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 1-11-58 to 6-19-61 and last saw her alive on 6-19-61

Death occurred at 9:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

6-21-61

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Sedalia Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

E.L. Eckhoff Cole Camp Mo.

25. DATE RECD. BY LOCAL REG.

6-20-1961

26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1961  
MAR 20 1962

**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 E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp N.Y.

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.