

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014481

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 35 Primary Registration District No. 4080 Registrar's No. 43

FILED APR 17 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | | | |
|--|--|---|---|---|--|
| 1. PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | |
| a. COUNTY Carroll | | b. CITY (If outside corporate limits, give TOWNSHIP only) Norborne | | c. CITY OR TOWN Norborne | |
| Length of stay in lb 70 yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Mary Katherine Wegeng | | | 4. DATE OF DEATH April 9, 1962 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | |
| 8. DATE OF BIRTH 10-19-1885 | | 9. AGE (last birthday) 76 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (City and state or country) St. Peters, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Ferdinand Wille | | 13b. MOTHER'S MAIDEN NAME Mary Zarr | |
| 14. NAME OF HUSBAND OR WIFE Thomas L Wegeng | | 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. None | |
| 17. INFORMANT Thomas L. Wegeng | | Address Norborne, 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) Hypertensive Heart Disease | | DUE TO (b) A diparity | | DUE TO (c) Arteriosclerosis, diffuse | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | 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 checked="" 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 a.m. p.m. | | 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 2-21-62 to 4-9-62 and last saw her alive on 4-9-62 Death occurred at 11:47 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Ralph E. Haskeal (Degree or title) M.D. | | | 22b. ADDRESS 212 South Pine Street Norborne, Mo. | | 22c. DATE SIGNED 4-10-62 |
| 23a. BURIAL, CREMATION, or other disposal (Specify) Burial | | 23b. DATE 4-11-1962 | 23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery | | 23d. LOCATION (City, town, or county) Norborne, Missouri |
| 24. FUNERAL DIRECTOR Gibson Funeral Home | | | ADDRESS Norborne, Mo. | | 25. DATE RECD. BY LOCAL REG. 4/11/62 |
| 26. REGISTRAR'S SIGNATURE Mrs. Herbert Calvert | | | | | |

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 James F. Tiboon

Licensed Embalmer No. 5076

P. O. Address Carrollton, 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.)