

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019635

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 6

FILED MAY 25 1962

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Miller
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Anthony Length of stay in lb Yrs. Yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Miller
 c. CITY OR TOWN St. Anthony Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Wilhelmina Utrecht Wieberg 4. DATE OF DEATH Month Day Year May 17 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-23-1877 9. AGE (last birthday) 84 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (City and state or country) Koeltztown, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Fred Utrecht 13b. MOTHER'S MAIDEN NAME Connie Schaffer 14. NAME OF HUSBAND OR WIFE Joseph F. Wieberg

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 Address Joseph F. Wieberg St. Anthony, 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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH AUG. 1960
 DUE TO (b) ESSENTIAL HYPERTENSION SINCE 1955
 DUE TO (c) ✓
 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. Yes N. 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 1955 to MAY 17, 1962 and last saw her alive on MAY 16, 1962 Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Mikulevich D.O. Crocker, Mo. 22b. ADDRESS St. Anthony, Mo. 22c. DATE SIGNED 5-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-19-1962 23c. NAME OF CEMETERY OR CREMATORY St. Anthony Cemetery 23d. LOCATION (City, town, or county) (State) St. Anthony, Mo.

24. FUNERAL DIRECTOR ADDRESS Scrivner-Stevinson Iberia, Mo. 25. DATE RECD. BY LOCAL REG. May 18 - 1962 26. REGISTRAR'S SIGNATURE Jessie Perkins

USE BLACK INK OR TYPEWRITER RIBBON

MAY 28 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 Jay L. Stevenson, Student Embalmer No. 654

working under my personal supervision.

Student

Jay L. Stevenson
Signature of Student Embalmer

Signed

J. L. Stevenson

Licensed Embalmer No.

4073

P. O. Address

Stover, 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.