

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035256

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 140

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 3 1962

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFFERSON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP		c. CITY OR TOWN FESTUS	
Length of stay in lb 22 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL HOSP.		d. STREET ADDRESS (If outside, give location) 107 FRISCO ST.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RUTH Middle H. WEIDENBENNER Last WEIDENBENNER			4. DATE OF DEATH Month SEPT Day 29 Year 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 3-16-15
9. AGE (last birthday) 47		IF UNDER 1 YEAR IF UNDER 24 HR	
		Months	Days
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 MAKER	11. BIRTHPLACE (City and state or country) EL PASO, TEXAS
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME LEO HIGDON	
13b. MOTHER'S MAIDEN NAME LOUISE CHAVEZ		14. NAME OF HUSBAND OR WIFE TONY J. WEIDENBENNER	
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 TONY J. WEIDENBENNER, FESTUS, MO.		Address 107 FRISCO ST	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Generalized carcinomatosis			one year
DUE TO (b) Carcinoma, rt. breast			5 year
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.
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year _____			
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 Oct 13 1956 to Sept 29 1962 and last saw him alive on Sept. 29, 1962			
Death occurred at 8:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. L. Rozal, M.D. (Degree or title)		22b. ADDRESS Crystal City, Mo.	22c. DATE SIGNED 10-1-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-2-62	23c. NAME OF CEMETERY OR CRYPT SACRED HEART	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY MISSOURI
24. FUNERAL DIRECTOR James R. Cody ADDRESS Crystal City, Mo.		25. DATE RECD. BY LOCAL REG. 10-2-62	26. REGISTRAR'S SIGNATURE James A. Higdon

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

OCT 4 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 James Richard Cody
Licensed Embalmer No. 4369

P. O. Address Crystal City, 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.