

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035664

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **274**

Primary Registration District No. **2022**

Registrar's No. **367**

FILED OCT 15 1962

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA		c. CITY OR TOWN SEDALIA	
Length of stay in 1b 9 WEEKS		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOTHWELL		d. STREET ADDRESS (If outside, give location) 906 S. MURRAY	
Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) First Middle Last KATIE WEIMHOLD			4. DATE OF DEATH Month Day Year OCTOBER 11, 1962		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH APR 25, 1875	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKER		11. BIRTHPLACE (City and state or country) NEAR TIPTON, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ANTHONY LUTZ		13b. MOTHER'S MAIDEN NAME JOSEPHINE SCHMIDT LUTZ	
14. NAME OF HUSBAND OR WIFE P.J. WIEMHOLD		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 MRS. LEOLA MANSFIELD-906 S. MURRAY		18. ADDRESS SEDALIA, MO.		19. ADDRESS SEDALIA, 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 vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 days
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of femur, Recumbency.		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown	
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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.) Fell at home.
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20c. TIME OF INJURY Hour 3 Minute 00 p.m. 8 12 62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20e. CITY, TOWN, OR LOCATION SEDALIA	20f. COUNTY PETTIS	20g. STATE MO.
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21. I attended the deceased from 8/12/62 to 10/11/62 and last saw her/him alive on 10/11/62 Death occurred at 9:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ernest M. Braverman MD	22b. ADDRESS 1806 W. 11TH ST. Sedalia, Mo.	22c. DATE SIGNED 10/12/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 15, 1962	23c. NAME OF CEMETERY OR CREMATORY ST. ANDREW'S CATHOLIC	23d. LOCATION (City, town, or county) TIPTON, MO.	23e. STATE MO.
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24. FUNERAL DIRECTOR Richard D. Conn, Tipton, Mo.	25. DATE RECD. BY LOCAL REG. OCT 12, 1962	26. REGISTRAR'S SIGNATURE Francis Shelby per H. Anderson
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

6808
20808

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9331XF

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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

Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Lipton, 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.