

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004780
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 3

FILED JAN 28 1963

VS 300
Rev. 4/59

1 0971
2 0971
3
4 1
5 0
6
7 1
8 0
9 422.1
10
11
12 90-
13 1-0

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SLATER		Length of stay in 1b 47YRS.	c. CITY OR TOWN SLATER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 W. MAPLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 206 W. MAPLE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARTHA Middle (NONE) Last WEHINGER			4. DATE OF DEATH Month JAN Day 22 Year 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN 5 1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (last birthday) 90 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
11a. FATHER'S NAME JOSEPH WEHINGER		11b. BIRTH PLACE (City and state or country) NEW ORLEANS, LA.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. MOTHER'S MAIDEN NAME ELIZABETH STEIGEL		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address FRANCES STRAUSS, SLATER MO.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis & fulminant DUE TO (b) Generalized arterosclerosis DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 10 yrs - 24 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I Senility			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 checked="" 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 8:45 A Month, Day, Year Jan 22, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1946 to Jan 22, 1963 and last saw her Jan 21, 1963 alive on Jan 21, 1963 on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 8:45 A			
22a. SIGNATURE C. A. McBurney, M.D. (Degree or title)		22b. ADDRESS Slater, Mo.	22c. DATE SIGNED 1/22/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 24 1963	23c. NAME OF CEMETERY OR CREMATORY SLATER	23d. LOCATION (City, town, or county) SLATER MO. (State)
24. FUNERAL DIRECTOR ADDRESS HAINES FUNERAL HOME, SLATER, MO.		25. DATE RECD. BY LOCAL REG. Jan 24 - 1963	26. REGISTRAR'S SIGNATURE Mrs. Raymond Brame

USE BLACK INK OR TYPEWRITER RIBBON

JUL 10 1961

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, Md.

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.