# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033148

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 281

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0808
2 0910 2
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: PETTIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SEDALIA — Length of stay in 1b: 6 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: REST HAVEN REST HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MORGAN
c. CITY OR TOWN: STOVER — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): STOVER Mo. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CLAUS Middle WILLIAM Last WIENBERG
4. DATE OF DEATH: Month AUG. Day 9 Year 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: MARCH 14 1883
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (City and state or country): BENTON COUNTY Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: PETER WIENBERG
13b. MOTHER'S MAIDEN NAME: METHA BALKE
14. NAME OF HUSBAND OR WIFE: NEVER MARRIED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates c
16. SOCIAL SECURITY NO.
17. INFORMANT: MARY TIETJEN — Address: STOVER MO.

18. CAUSE OF DEATH (Enter only one cause p
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral and Generalized Arteriosclerosis — unknown
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 2-17-63 to 8-9-63 and last saw her/him alive on 7-29-63
Death occurred at 9:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. S. Hopkins, M.D.
22b. ADDRESS: 1609 S. Limit Sedalia, Mo.
22c. DATE SIGNED: 8-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUG. 12 1963
23c. NAME OF CEMETERY OR CREMATORY: STOVER CEMETERY
23d. LOCATION (City, town, or county): STOVER (State) Mo.
24. FUNERAL DIRECTOR: Darwin Stevenson — ADDRESS: Stover Mo.
25. DATE RECD. BY LOCAL REG.: Aug 12, 1963
26. REGISTRAR'S SIGNATURE: Francis Shelby Pie N. Anderson

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1963

**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 _____ Signed J. L. Stimson

Signature of Student Embalmer

Licensed Embalmer No. 4073

P. O. Address Stone 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.