

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033148

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

294

Primary Registration District No.

3052

Registrar's No.

281

STATE FILE NUMBER

FILED AUG 26 1963

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

a. STATE Missouri b. COUNTY MORGAN admission)

c. CITY

OR
TOWN

STOVER

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

STOVER

Mo.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

CLAUS WILLIAM WIENBERG

4. DATE OF DEATH

Month

Day

Year

AUG. 9 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 Hours Min.

IF UNDER 24 HR

Months Days 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.

13. 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) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

MARY TIETJEN

Address

STOVER 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 Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

DUE TO (b)

Cerebral and Generalized Arteriosclerosis

unknown

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 ☐ No ☐ 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

2-17-63

to 8-9-63

and last saw her 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. Hopkinson, 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 MO.

(State)

24. FUNERAL DIRECTOR

Schwartz

ADDRESS

Stover Mo.

25. DATE RECD. BY LOCAL REG.

Aug 12, 1963

26. REGISTRAR'S SIGNATURE

Francis H. Anderson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

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 _____
Signature of Student Embalmer

Signed J. L. Stevenson

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.