

12454

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300

10-48

FILED APR 18 1955

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5629 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4 mi. S. W. Novelty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>4 mi. S. W. Novelty</u> <u>0520</u>	
c. LENGTH OF STAY (In this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u>		b. (Middle) <u>WILLIAM</u>	
c. (Last) <u>WEITZEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Feb. 9, 1865</u>
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>7 M. N. W. Queen City, Mo</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Christopher Weitzel</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Ketha</u>	
14. NAME OF HUSBAND OR WIFE <u>Sarah C. Weitzel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Carrie E. Brenizer</u>		ADDRESS <u>Novelty, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Apr 5, 1955</u> , to <u>Apr 10, 1955</u> , that I last saw the deceased alive on <u>Apr 10, 1955</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. O. Holman, D.O.</u>		23b. ADDRESS <u>Novelty, Mo</u>	
23c. DATE SIGNED <u>Apr 12 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>April 12, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Lutheran Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Queens City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 14-55</u>		REGISTRAR'S SIGNATURE <u>Helle S. Darnolt</u> <u>151</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred E. Elmer</u>		ADDRESS <u>Elmer, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed *Mrs. J. W. Hudson*.....

Licensed Embalmer No. *2972*.....

P. O. Address *Edina, 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 this body is not embalmed, fact should be so stated above.