URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-041041
STATE FILE NUMBER

FILED VS DEC 9 1959

Registration District No. 224 Primary Registration District No. 3046 Registrar's No.

ENDED

1. PLACE OF DEATH a. COUNTY: Moniteau	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: California — Length of stay in 1b:	c. CITY OR TOWN: California — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Latham Sanatorium — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 306 S. High St — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: EMMA Middle: FRANCIS Last: WIENEKE	4. DATE OF DEATH Month: Nov. Day: 30, Year: 1959

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.
Female	White	Widowed	8-20-1870	89	3 / 10	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
housework		California Mo	U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Frank Meyer	Marie Ruttereggam	Emil C. Wieneke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT / Address
no	None	Arthur Weinekke, Kansas City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary Thrombosis — 18 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio-vascular Disease — 2 + years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinomatosis abdominal - Primary Site undetermined

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: California COUNTY: Moniteau STATE: Mo

21. I attended the deceased from 2-11-58, to 11-30-59 and last saw her alive on 11-30-59
Death occurred at 10:15 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
R. B. Fuller, MD	California, Mo	11-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
buried	12/2/59	Salem E. & R.	McGirk	Mo

24. FUNERAL DIRECTOR / ADDRESS	25. DATE REC'D. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
A. E. Wilson	11/4/59	Helen L. Popejoy

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed A. E. Wilson

Signature of Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING! (Failure to compl 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.