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MTC 32219 SW

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STATE OF MISSOURI } ss
CITY OF JEFFERSON }

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named thereon as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health, witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

SEP 6 1995

Garland H Land
Garland H. Land
State Registrar of Vital Statistics

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK.

FILED DEC 31 1991

REGISTRATION DISTRICT NO. 019

MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

REGISTRAR'S NUMBER 1612

STATE FILE NUMBER 124 - 91 028823

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): ALLEN ARTHUR WECKER
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): DECEMBER 13, 1991
4. SOCIAL SECURITY NO: 495-12-3570
5a. AGE - Last Birthday (Years): 72
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Month, Day, Year): March 31, 1919
7. BIRTHPLACE (City and State or Foreign Country): Hadar, Nebraska
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No [ ] Unk.
9a. PLACE OF DEATH (check only one, see instructions on other side): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (specify)

VS 300 Rev 4/90
MO 580-0695 (4-90)

9b. FACILITY NAME (If not institution, give street and number): HST MEMORIAL VETERANS HOSPITAL
9c. CITY, TOWN OR LOCATION OF DEATH: COLUMBIA
9d. COUNTY OF DEATH: BOONE
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name): Mayme E. Howle
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Auto Mechanic
12b. KIND OF BUSINESS OR INDUSTRY: Self
13a. RESIDENCE - STATE: Missouri
13b. COUNTY: Texas
13c. CITY, TOWN, OR LOCATION: Cabool
13d. ZIP CODE: 65689
13e. STREET AND NUMBER: Rt. 2
13f. INSIDE CITY LIMITS: [ ] Yes [X] No
13g. YEARS AT PRESENT ADDRESS: [ ] Under 5 [ ] 5-9 [X] 10-19 [ ] 20 or more
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): [X] No [ ] Yes Specify:
15. RACE - American Indian, Black, White, etc (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

NAME OF DECEDENT FOR USE BY MORTICIAN OR INSTITUTION: Allen A. Wecker

PARENTS

17. FATHER'S NAME (First, Middle, Last): Oswald B. Wecker
18. MOTHER'S NAME (First, Middle, Maiden Surname): Louise Fox

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Mayme Wecker
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Rt. 2, Cabool, Mo. 65689

DISPOSITION

20a. BURIAL, CREMATION, OTHER (Specify): Cremation
20b. DATE OF DISPOSITION (Month, Day, Year): 12/18/91
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): S.W. Missouri Crematory
20d. LOCATION - City or Town, State: Springfield, Mo.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James Gentry
22a. NAME AND ADDRESS OF FACILITY: Elliott-Gentry Funeral Home, Cabool, Mo.
22b. FUNERAL ESTABLISHMENT LICENSE NUMBER: 038

CAUSE OF DEATH

SEE INSTRUCTIONS ON OTHER SIDE

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	CARDIAC ARREST	4 MINUTES
DUE TO (OR AS A CONSEQUENCE OF) b.	PNEUMONIA/SEPSIS	2 WEEKS
DUE TO (OR AS A CONSEQUENCE OF) c.	ESOPHAGEAL CANCER	6 MONTHS
DUE TO (OR AS A CONSEQUENCE OF) d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? [ ] Yes [ ] No [ ] Unk.
25a. WAS AN AUTOPSY PERFORMED? [X] Yes [ ] No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] Yes [X] No

CERTIFIER

26. MANNER OF DEATH: [X] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
27a. DATE OF INJURY (Month, Day, Year):
27b. TIME OF INJURY: M
27c. WAS INJURY ALCOHOL-RELATED? (Was involved by decedent) [ ] Yes [ ] No [ ] Unk.
27d. INJURY AT WORK? [ ] Yes [ ] No [ ] Unk.
27e. DESCRIBE HOW INJURY OCCURRED:
27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
27g. LOCATION (Street and Number or Rural Route Number, City or Town, State):
28a. (Specify) [X] CERTIFYING PHYSICIAN [ ] MEDICAL EXAMINER/CORONER
28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Richard L. Burns MD
28c. DATE SIGNED (Month, Day, Year): 12-13-91
28d. TIME OF DEATH: 1:24 A M
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): RICHARD BURNS, M.D., 800 HOSPITAL DRIVE Cabool Mo.
29b. MO LICENSE NUMBER: R14P94
30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? [ ] Yes [X] No
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
32. REGISTRAR'S SIGNATURE: Michael R. Dorsey by Shirley
33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): 12-20-91

Return to: Mayme H. Wecker.. 13018 German Rd.. Cabool, MO.. 65689

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title Company the 14th day of Sept. A.D., 19 95 at 3:50 o'clock P. M., and duly recorded in Vol. M95, of Deeds on Page 24967.

Bernetha G. Letsch, County Clerk
By Lynette Mistag

FEE $10.00