FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29165

Registration District No. 155 | Primary Registration District No. 5579 | Registrar's No. 33

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Alba Missouri MINERAL TWP RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alba Missouri Rt 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 3yrs. in Alba
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Alba Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.: MINERAL TOWNSHIP—RURAL
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Owen Steveson Weeks
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Bessie Weeks
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: March (Month) 7 (Day) 1871 (Year)
8. AGE: Years 76 Months 11 Days 20 If less than one day hr. min.
9. Birthplace: Ridge Farm (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: William Weeks
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Steveson
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Bessie Weeks
(b) Address: Alba, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: MCH 1. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: FAIRVIEW CEM. ALBA, MO
18. (a) Signature of funeral director: Johnston Arnce Simpson
(b) Address: 26 S. Roane Mortuary WEBB CITY, MO
19. (a) Webb City MCH 1. 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27 year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan. 15, 1948, to 2-27, 1948; that I last saw him alive on 2-26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	6 hours
Due to: Hypostatic Pneumonia	7 days
Due to: Respiratory Failure	14 "
Other conditions: (Include pregnancy within 3 months of death) Palsy	yrs

Major findings:
Of operations: NC
Of autopsy:

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other) D.O.
Address: Alba, Mo. Date signed 2-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

B. No. 2
X—1/47
5-17-39

48-2-165

MAY 4 1948

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 Jack C. Simpson, Registered Apprentice No. 38, working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.