

FILED JAN 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1682

BIRTH NO.		REG. DIST. NO. 167		PRIMARY REG. DIST. NO. 4256		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) Holden		c. LENGTH OF STAY (In this place) 6 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Holden, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION North Main Street				d. STREET ADDRESS (If rural, give location) North Main Street.			
3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) ELCAR c. (Last) WEIR			4. DATE OF DEATH 1 - 14 - 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-30-1876	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming.		11. BIRTHPLACE (State or foreign country) Johnson County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Weir		13b. MOTHER'S MAIDEN NAME Elizabeth		14. NAME OF HUSBAND OR WIFE Nellie Garret Weir			
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. 496-26-6093		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS Oscar Weir Jr., Son 125 W. 78 Ter.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH 10 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		- 12 min		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 _____, 19____, to <u>1/14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/14</u> , 19 <u>49</u> , and that death occurred at <u>11:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul Lowell M.D.</u>				23b. ADDRESS <u>Holden MO</u>		23c. DATE SIGNED <u>1/15/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-17-49		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Holden, Mo.	
DATE REC'D BY LOCAL REG. 1-17-1949		REGISTRAR'S SIGNATURE <u>Mrs. L. V. Redford</u>		159 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Blast</u>		ADDRESS <u>Holden, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

676162702

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.

Signed EP Coast

Signed _____
Student Embalmer

Licensed Embalmer No. 4059

P. O. Address. Holden, 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.