No. 300
10.48

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20689

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 212

94
5
2

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Flat River, Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Flat River 94 5
d. STREET ADDRESS (If rural, give location) 20

3. NAME OF DECEASED (Type or Print)
a. (First) Benjamin
b. (Middle) Dean
c. (Last) Weth

4. DATE OF DEATH (Month) June (Day) 2 (Year) 1949

5. SEX Male
6. COLOR OR RACE White Race
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH May 12-1893.
9. AGE (In years last birthday) 56 yrs. 2 days (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead Co
11. BIRTHPLACE (State or foreign country) Belgrade, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. Newton Barfiss Weth
13b. MOTHER'S MAIDEN NAME Mary Louella Humphrey
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-03-9525
17. INFORMANT'S SIGNATURE OR NAME Miss Lucy Weth (Sister) ADDRESS 116 Mulberry St. Flat River, Mo.

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) Myocardial Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 7 months

ANTECEDENT CAUSES

Morbid 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. 162X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* June 2, 1949, *that I last saw the deceased alive on* 6-2, 1949, *and that death occurred at* 9:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. O. Goehe M.D. (Degree or title)
23b. ADDRESS Desloge Mo.
23c. DATE SIGNED 6-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 5-1949.
24c. NAME OF CEMETERY OR CREMATORY K. of C. Cem.
24d. LOCATION (City, town, or county) St. Francois (State) Mo.

DATE REC'D BY LOCAL REG. June 21, 1949
REGISTRAR'S SIGNATURE Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE Alvin W. Hood
ADDRESS 303 Grace St. Flat River, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

EIVED 6-27-49

Health Officer No. 4

File Number 649-8

Date Filed

SEP 7 1949

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 Alvin W. Hood

Signed ..... Student Embalmer

Licensed Embalmer No. 303 Cram St.

P. O. Address Flat River, 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.