

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17901**

930
1

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

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6652 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City, Mo</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 yr</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Rural, 1930</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERALD</u> b. (Middle) <u>Alan</u> c. (Last) <u>Weisserman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 - 50</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Dec. 28 - 1943</u>
9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Appleton City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Howard Weisserman</u>		13b. MOTHER'S MAIDEN NAME <u>Doath Seigsmund</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gilbert Weisserman</u> ADDRESS <u>Appleton</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Appleton City St. Clair MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 29 1950 3³⁰ p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>child fell in horse tank</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3³⁰ p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Sanford S. Snyderman M.D.</u> (Degree or title)		23b. ADDRESS <u>Elliot Hospital, Appleton City, Mo.</u>	23c. DATE SIGNED <u>31 May 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 31 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 31, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Cleo Abney</u> 285	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhoff</u> ADDRESS <u>Appleton City, Mo.</u>	

RECEIVED 6-7-50

District Health Officer No. 7

District File Number 5-50-608

Date Filed 6-7-50

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.

Student
Student Embalmer

Signed *Oscar Eckhoff*

Licensed Embalmer No. *3942*

P. O. Address *Appleton City*

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.