

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29783  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 116

1. PLACE OF DEATH  
a. COUNTY Clay  
b. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs  
c. LENGTH OF STAY (in this place) 16 hrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Excelsior Springs Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Ray  
c. CITY (If outside corporate limits, write RURAL and give township) Richmond  
d. STREET ADDRESS (If rural, give location) 208 W. Lexington St.

3. NAME OF DECEASED  
a. (First) Laura b. (Middle) Alice c. (Last) Weber

4. DATE OF DEATH (Month) (Day) (Year)  
Aug. 21, 1950

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 24, 1898

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)  
52 8 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Operator

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Peter Wilson

13b. MOTHER'S MAIDEN NAME Alice Brown

14. NAME OF HUSBAND OR WIFE John Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
John Weber, Richmond, 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, asthma, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Dilatation  
ANTECEDENT CAUSES alcoholism  
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.

INTERVAL BETWEEN ONSET AND DEATH  
3022

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) \_\_\_\_\_

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 8-20-50 to 8-21-50 that I last saw the deceased alive on 8-21-50, and that death occurred at 3:30 p.m., from the causes and of the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS Richmond

23c. DATE SIGNED 8-21-50

24a. BURIAL CREMATION REMOVAL (Specify) Burial

24b. DATE Aug. 22, 1950

24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cem.

24d. LOCATION (City, town, or county) (State) Richmond, Mo.

DATE REC'D BY LOCAL REG. 8/23/50

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
[Signature] Richmond, Mo.

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

FFB 61951



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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address. Richmond, 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.