

FILED NOV, 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34325
Registrar's No. 69A

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5919

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Saline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Saline	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) May c. (Last) Weiss		4. DATE OF DEATH (Month) (Day) (Year) Sept 28 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3 1876
9. AGE (In years) (last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	11. BIRTHPLACE (State or foreign country) Perry Co. Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob Erwin		13b. MOTHER'S MAIDEN NAME Rodi Brown		14. NAME OF HUSBAND OR WIFE William Weiss	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Weiss Perryville Mo R 4	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mo. 4 1/2 2 2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis & Myocardial degeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) degeneration DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)		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) (Min)		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 18 Sept 1950, to 28 Sept 1950, that I last saw the deceased alive on 28 Sept, 1950, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Ernie Fredall M.D.</i>		23b. ADDRESS Perryville Mo.		23c. DATE SIGNED 30 Sept 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 1 1950		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	
				24d. LOCATION (City, town, or county) (State) Perryville Mo.	

DATE REC'D BY LOCAL REG. Oct 13 - 1950		REGISTRAR'S SIGNATURE <i>Joe J. Zeller</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 9 1950

DISTRICT HEALTH OFFICE No. 6

File No.....

SEP 23 1953

JAN 9 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 2138

P. O. Address Berryville 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.