

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 740
Registrar's No. 3

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Union, Mo</u>	c. LENGTH OF STAY (In this place) <u>2 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington-Mo-St Johns Twp</u>	d. STREET ADDRESS (If rural, give location) <u>R.F. #1-West.</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>907-Church St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RONALD</u> b. (Middle) <u>CONRAD</u> c. (Last) <u>WEBER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Single</u>	8. DATE OF BIRTH <u>JAN 5-1950</u>
9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>16</u>	IF UNDER 24 HRS. Days <u>16</u>	Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Washington-Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Edward C. Weber</u>	13b. MOTHER'S MAIDEN NAME <u>Ella J. Maune</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward C. Weber</u>	ADDRESS <u>Washington</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Reloasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>measles</u>		<u>48 hrs</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1950</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 1 July, 1950, to 1 Jan, 1951, that I last saw the deceased alive on 20 Jan, 1951, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William R. Richardson M.D.</u>	23b. ADDRESS <u>Union, Missouri</u>	23c. DATE SIGNED <u>11 Jan 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/23/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Francis Burgis</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 23-1951</u>	REGISTRAR'S SIGNATURE <u>J. D. Cooper</u>	98	25. FUNERAL DIRECTOR'S SIGNATURE <u>Neuberg & Velt</u>	ADDRESS <u>Washington, Mo.</u>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 30 1951
RECEIVED

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. J. Milbury

Licensed Embalmer No. 2387

P. O. Address Washington, 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.