

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32438**

FILED NOV 15 1951

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **5000** Registrar's No. **304**

| | | | |
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| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Adair | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Walnut | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Walnut | |
| c. LENGTH OF STAY (in this place) 1 yrs. | | d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 15 mi. SW of Kirksville | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 15 mi. SW of Kirksville | | e. STREET ADDRESS (If rural, give location) 15 mi. SW of Kirksville | |

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|-------------------------------------|-------------------------|---------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Laura | b. (Middle) Olevia | c. (Last) Weber | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1951 |
|-------------------------------------|-------------------------|---------------------------|------------------------|--|

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|-----------------|---------------------------|---|--------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Jan 10, 1868 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|-----------------|---------------------------|---|--------------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Morgan County, Ohio | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Samuel Phipps | 13b. MOTHER'S MAIDEN NAME Mary Miller | 14. NAME OF HUSBAND OR WIFE Jacob Weber (D) |
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| 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. | 17. INFORMANT'S SIGNATURE OR NAME Helen Weber, Norwigen, Mo. Ph. 1 | ADDRESS |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes combined with | | six yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular renal disease | | five years |
| DUE TO (c) pressure rose | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene left hip | | twelve | |

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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **May 1950**, to **11-5-1951**, that I last saw the deceased alive on **11-5-1951**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE George E. Gaim (Degree or title) M.D. | 23b. ADDRESS Kirksville, Mo. | 23c. DATE SIGNED 11/5/51 |
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|---|--------------------------|--|--|
| 24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-6-51 | 24c. NAME OF CEMETERY OR CREMATORY Union Temple | 24d. LOCATION (City, town, or county) (State) Adair Mo. |
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| DATE REC'D BY LOCAL REG. 11-6-51 | REGISTRAR'S SIGNATURE Nate Lambert | 25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Davis, Kirksville, Mo. | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5010

Date Received: NOV 13 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-57-2031
Date Filed: NOV 13 1951

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Fiskville, 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.