

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41211**

FILED NOV 24 1952

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **224**

0972

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri COUNTY Saline	
b. CITY OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Marshall Twn.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital		d. STREET ADDRESS (If rural, give location) 5 1/2 Miles north of Marshall, Mo	
3. NAME OF DECEASED (Type or Print) a. (First) Florence		b. (Middle) May	
		c. (Last) Weinreich	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single U	8. DATE OF BIRTH Sept. 15-1894
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR 2 Months 5 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Did Not Work		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Marshall, Mo. R.F.D. 3
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William V. Weinreich		13b. MOTHER'S MAIDEN NAME Mary E. Plourd	
14. NAME OF HUSBAND OR WIFE - - - - -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lester Weinreich		ADDRESS Marshall, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus ANTECEDENT CAUSES (was in coma 9 days when first lived about 1/2 year revived) 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 260X	
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) _____		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 11-20 , 19 52 to 11/20 , 19 52 , that I last saw the deceased alive on 11/20 , 19 52 , and that death occurred at 10 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS M. D. Marshall Mo.	
23c. DATE SIGNED 11/21/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/23/52	
24c. NAME OF CEMETERY OR CREMATORY Ridge Park		24d. LOCATION (City, town, or county) (State) Marshall, Mo.	
DATE REC'D BY LOCAL REG. Nov. 22, 1952		REGISTRAR'S SIGNATURE Sidney F Gray 385	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Marshall, Mo.	

JAN 6 1953

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

J. Leslie Sarny

Licensed Embalmer No. *2285*

P. O. Address *Marshall, 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.