

No. 300
10-48

JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43034

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>404</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>69 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1008 So. Ohio</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Lewis</u>		c. (Last) <u>Weise</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 29 1877</u>	
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>10</u>		11. DAYS <u>28</u>		12. HOURS <u>10</u> MIN. <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Civil Service</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11a. BIRTHPLACE (City and State or Foreign Country) <u>Tipton Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Henry G. Weise</u>				13b. MOTHER'S MAIDEN NAME <u>Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Sophia Weise</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Spanish American War</u>				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OF NAME <u>Carl G. Weise</u> ADDRESS <u>Raytown Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Myocarditis- Auricular Fibrillation.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Senility.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>7 mos.</u> <u>?</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4222</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		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 <u>Sept. 15th, 1952</u> , to <u>Dec. 27th, 1952</u> , that I last saw the deceased alive on <u>Dec. 27th, 1952</u> , and that death occurred at <u>8:30 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>				23b. ADDRESS <u>Jno. B. Carlisle M.D. Sedalia, Missouri.</u>		23c. DATE SIGNED <u>12-29-52.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-29-52</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. O. Laughlin Bros Sedalia</u>			

251-6 (Licensed Embalmer's Statement on Reverse Side)

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

669 7 1953

JAN 7 1953

JAN 8 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 _____

James R. Ashen

Student Embalmer No. 477

working under my personal supervision.

Student James R. Ashen
Student Embalmer

Signed Philip M. Laughlin

Licensed Embalmer No. 3729

P. O. Address Sedalia, 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.