

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2250

State File No.

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 5-53

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY OR TOWN <u>Piscescumbia</u> c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Piscescumbia</u> d. STREET ADDRESS (If rural, give location) <u>0660</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys' Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>TONY</u> b. (Middle) <u>-</u> c. (Last) <u>WEITZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 13, 1895</u>
9. AGE (In years last birthday) <u>57</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Miller Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Nicholas Weitz</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Birdson</u>	14. NAME OF HUSBAND OR WIFE <u>Angus Weitz</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cary Hawkins</u> ADDRESS <u>Union, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Thrombosis</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 2 hr</u>
* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Art Disease</u>			<u>3 years</u>
DUE TO (c)			
11. 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 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 <u>1-29, 1953</u> , to <u>1-31, 1953</u> , that I last saw the deceased alive on <u>1-31, 1953</u> and that death occurred at <u>6 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. E. Humphreys, D. O.</u> (Degree or title)		23b. ADDRESS <u>Piscescumbia, Mo.</u>	23c. DATE SIGNED <u>2-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 2, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Piscescumbia</u>	24d. LOCATION (City, town, or county) (State) <u>Piscescumbia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>February 2, 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Lucas H. Phillips Union</u>	

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

6650
0

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 Louis D. Phillips

Licensed Embalmer No. 2663

P. O. Address Eldon

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.