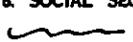


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7019**

BIRTH NO. _____ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **5880** Registrar's No. **5**

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

1. PLACE OF DEATH a. COUNTY OSAGE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Osage		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rich Fountain Rural		c. LENGTH OF STAY (In this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rich Fountain 0760		d. STREET ADDRESS (If rural, give location) Mo 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Rich Fountain Mo					
3. NAME OF DECEASED (Type or Print) GEORGE			a. (First)	b. (Middle) ---	c. (Last) WEIDINGER
4. DATE OF DEATH FEB-27-1953			4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC-27-1879	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR: Months 2 Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (City and State or Foreign Country) Rich Fountain - Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME JAKE WEIDINGER		13b. MOTHER'S MAIDEN NAME HARTMAN		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Mr. Henry Grubner ADDRESS Rich Fountain		
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) Carcinoma stomach		INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES 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. 151X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. 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 1-12-53 , 19 53 , to Feb 27 , 19 53 , that I last saw the deceased alive on Feb 27 , 19 53 , and that death occurred at 7:05 am. , from the causes and on the date stated above.					
23a. SIGNATURE Pres. P. Taylor (Degree or title) M.D.			23b. ADDRESS Jefferson City		23c. DATE SIGNED 2-2-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-3-53	24c. NAME OF CEMETERY OR CREMATORY Rich Fountain Catholic	24d. LOCATION (City, town, or county) (State) Rich Fountain Mo		
DATE REC'D BY LOCAL REG. 2/3/53		REGISTRAR'S SIGNATURE T. A. Sumner	235 -	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Moxton ADDRESS Linn	

MAR 29 1954

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lena 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.