

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED APR 28 1953

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 32

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

1. PLACE OF DEATH a. COUNTY <u>Ray Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked Top</u>		c. LENGTH OF STAY (in this place) <u>most of his</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>3 mi East of Hardin</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi east Hardin</u>			d. STREET ADDRESS (If rural, give location) <u>2890 3 mi East Hardin</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Sebastian</u> c. (Last) <u>Weisz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 53</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July-28-1896</u>	9. AGE (In years) (last birthday) <u>66</u> (Months) <u>9</u> (Days) <u>22</u> IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTH PLACE (State or foreign country) <u>Ray County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>George Augustus Weisz</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Derling</u>		14. NAME OF HUSBAND OR WIFE <u>Mary B. McLaughlin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary B. Weisz, Norborne, Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>20 Min.</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			ANTECEDENT CAUSES <u>Arterial Sclerosis</u>			34 yrs.		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			Morbidity 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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (m.) _____		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 4/10/1953 to 4/20/1953, that I last saw the deceased alive on 4/20/1953, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. E. Q. Revan M.D.</u> (Degree or title)		23b. ADDRESS <u>Richmond Mo.</u>		23c. DATE SIGNED <u>4/21/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April-23</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem</u>		24d. LOCATION (City, town, or county) (State) <u>3 miles South of Norborne Mo</u>	
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DATE REC'D BY LOCAL REG. <u>April 21-1953</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u> 273		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kuifschill & Borcherding</u> ADDRESS _____	
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.