

FILED JAN 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43403

BIRTH NO.		REG. DIST. NO. 157	PRIMARY REG. DIST. NO. 3028	Registrar's No. 267
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 48 yrs	c. CITY OR TOWN Carthage	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1357 Buena Vista St		e. STREET ADDRESS (If rural, give location) 1357 Buena Vista St 0497		
3. NAME OF DECEASED (Type or Print) a. (First) ALONZA		b. (Middle) AMMON	c. (Last) WEBER	4. DATE OF DEATH (Month) (Day) (Year) Dec 26-1953
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 20-1873	9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. machine operator		10b. KIND OF BUSINESS OR INDUSTRY street grader	11. BIRTHPLACE (City and State or Foreign Country) Earleton, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Stephen Weber		13b. MOTHER'S MAIDEN NAME Mary Yoder	14. NAME OF HUSBAND OR WIFE Anna Earnhardt Weber.	
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 AND ADDRESS Ruby Gilmore, Carthage, Mo 1357 Buena Vista, Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic, interstitial  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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?	
22. I hereby certify that I attended the deceased from May 27, 1950, to Dec 26, 1953, that I last saw the deceased alive on Nov 6, 1953, and that death occurred at 2:15p m., from the causes and on the date stated above.				
23a. SIGNATURE George H. Wood		(Degree or title) MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 12-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-29-53	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo	
DATE REC'D BY LOCAL REG. 12-29-53	REGISTRAR'S SIGNATURE Lloyd B. Christman	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Knell Mortuary, Carthage, Mo		

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

RECEIVED JAN 5 1954  
Jasper County Health Office  
County File Number 54-1-14  
Date Filed JAN 5 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.....  
Signature of Student Embalmer

Signed.....  
*Frank W. Kneel*

Licensed Embalmer No. 4440

P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.