

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 841

FILED FEB 15 1954
BIRTH NO. REG. DIST. NO. 111, PRIMARY REG. DIST. NO. 4183 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pacific</u>		c. CITY OR TOWN <u>Pacific</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. In 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		e. STREET ADDRESS (If rural, give location) <u>0 360</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>MARRIED</u> c. (Last) <u>WEIR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5 1954</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>July 11, 1879</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>laborer</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l laborer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Pacific, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Herman Weir</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sneider</u>	
14. NAME OF HUSBAND OR WIFE <u>Maude Weir</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>488-01-4053</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maude Weir, Pacific, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. 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 <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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 <u>Sept. 1949</u> , to <u>Feb 5, 1954</u> , that I last saw the deceased alive on <u>Feb 5, 1954</u> , and that death occurred at <u>2:00 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>C. S. Puffer, D.O.</u>		23b. ADDRESS <u>Pacific, Mo.</u>	
23c. DATE SIGNED <u>Feb 6/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>2-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pacific Cemetery, Pacific, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Pacific, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Huber, Pacific, Mo.</u>	
25. DATE REC'D BY LOCAL REG. <u>Feb. 8 - 54</u>		25. REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>	
25. ADDRESS <u>Pacific, Mo.</u>		25. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Geo. L. Heiber*.....
Licensed Embalmer No. *300*.....

P. O. Address *Pacific*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
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.