

FILED FEB 1 - 1955.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 525

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5237 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Cedar 02001		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY OR TOWN Rural-Cedar		c. CITY OR TOWN Rural-Cedar 02001	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS Rt. #5 - El Dorado Spgs	
d. FULL NAME OF HOSPITAL OR INSTITUTION El Dorado Spgs. Rt. 5			

3. NAME OF DECEASED (Type or Print) Rudolf Weber			4. DATE OF DEATH (Month) (Day) (Year) 1-21-55	
a. (First)	b. (Middle)	c. (Last)	Month	Day

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Sept 3, 1887	9. AGE (In years last birthday) 67	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours	12. IF UNDER 24 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Topeka, Kans.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME John Weber		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 512-07-3588		17. INFORMANT'S SIGNATURE OR NAME Address Lin R. Weber - Kansas City, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2a m., from the causes and on the date stated above.

23a. SIGNATURE M.D. Swinn 3 rd Coroner		23b. ADDRESS El Dorado Springs, Mo.		23c. DATE SIGNED 1-22-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-25-55		24c. NAME OF CEMETERY OR CREMATORY Clintonville Cemetery El Dorado Spgs, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 1/25/55		REGISTRAR'S SIGNATURE George W. Mofes 413		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Swinn Carothers - El Dorado Spgs, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6771 6

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 Max W. Beckering

Licensed Embalmer No. 4696

P. O. Address P. Dorado, Fla.

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.