

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30095**

BIRTH NO. _____ **REG. DIST. NO.** 178 **PRIMARY REG. DIST. NO.** 4284 **Registrar's No.** 69

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Belle</u>	c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY OR TOWN <u>La Belle</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		• STREET ADDRESS (If rural, give location) <u>6560</u>	
3. NAME OF DECEASED (Type or Print) <u>Albert</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Weitman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 21, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>February 25, 1913</u>
9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Fayette, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>			
13a. FATHER'S NAME <u>David Weitman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Kaura Weitman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. William Eversole</u> <u>La Belle, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Left Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Long Standing Mitral Valve Disease</u> DUE TO (c) <u>163X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Typhoid Pneumonia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 July 10th, 1955, to Sept 21, 1955, that I last saw the deceased alive on Sept 21, 1955, and that death occurred at 6 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. V. Coater, D.D. 2</u>		23b. ADDRESS <u>La Belle, Mo.</u>	23c. DATE SIGNED <u>9-21-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 23, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Belle, Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-24-55</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u> E. L.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u> <u>La Belle, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

OCT 6 1955

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 myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. A. ...

Licensed Embalmer No. 430
P. O. Address La Belle, La.

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.