

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36344**BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **332**

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give town) Jefferson City		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Jefferson City		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 Charles E. Still Osteopathic Hospital 808 Madison Street					
3. NAME OF DECEASED (Type or Print) a. (First) Theresa			b. (Middle)	c. (Last) Weiss	4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 28, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 6 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Weiss		13b. MOTHER'S MAIDEN NAME Katherine Kieselbach		14. NAME OF HUSBAND OR WIFE Joseph Weiss	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Charles Weiss ADDRESS Jefferson City		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)	ANTECEDENT CAUSES			
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	Arteriosclerosis		
	DUE TO (c)	Hypostatic Pneumonia			
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.			Phlebitis Both Saphenous Veins
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	4500				
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)	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 8, 1955 , to Nov 21, 1955 , that I last saw the deceased alive on Nov 21, 1955 , and that death occurred at 9 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Printer or title) Opure E. Roberts			23b. ADDRESS Jefferson City MO		23c. DATE SIGNED Nov 21-55
24a. BURIAL OR CREMATION REMOVAL (Specify)	24b. DATE Nov 23-1955	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery Jefferson City MO		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 21 Nov. 1955	REGISTRAR'S SIGNATURE R.P. Davis mdw MRs		25. FUNERAL DIRECTOR'S SIGNATURE Victor Busch Jefferson City MO		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

MAR 12 1938

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... *Victor Buesche*

Licensed Embalmer No. 37

P. O. Address *Jefferson*

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.