

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39484**BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6227** Registrar's No. **189**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give town) Deerfield	c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN Deerfield	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 No Street address.		e. STREET ADDRESS (If rural, give location) 1080	

3. NAME OF DECEASED (Type or Print) a. (First) GENE b. (Middle) FRANKLIN c. (Last) WEBER			4. DATE OF DEATH (Month) (Day) (Year) 11-26-1955		
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MARCH 18, 1925		9. AGE (In years last birthday) 30 IF UNDER 1 YEAR Months 2 IF UNDER 1 WRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) DEERFIELD MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME FRANK CURTIS WEBER		13b. MOTHER'S MAIDEN NAME OPAL IRENE KLONTZ		14. NAME OF HUSBAND OR WIFE HAZEL WEBER (Divorced)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 722-01-5170		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK CURTIS WEBER DEERFIELD, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Discharge of 12 ga.		
	ANTECEDENT CAUSES		
	DUE TO (b) Shot gun in the hands of Harold Duwane		
	DUE TO (c) weber. Died instantly		
	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 Discharge entered head, no Inquest 981X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT OR HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Deerfield Tp. Vernon MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-26-55 12:10A. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Discharge of 12 ga. shot gun

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I ~~was~~ saw the deceased alive on _____, 19____, and that death occurred at **12:10A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter D. Thurman, Coroner		23b. ADDRESS Nevada Missouri		23c. DATE SIGNED 11-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 29, 1955	24c. NAME OF CEMETERY OR CREMATORY DEERFIELD CEMETERY		24d. LOCATION (City, town, or county) (State) DEERFIELD, MISSOURI	
DATE REC'D BY LOCAL REG. 11-29-1955	REGISTRAR'S SIGNATURE Armed & Fervid	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Funny Funeral Home, Nevada, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

JAN 13 1956

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..... *L. Douglas Ferry*

Licensed Embalmer No..... *49*

P. O. Address *Nevada*

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.