

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40313**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. CITY OR TOWN <b>Clinton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>25 days</b>		e. STREET ADDRESS (If rural, give location) <b>810 South Second Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton General Hosp</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Albert</b>	b. (Middle) <b>T.</b>	c. (Last) <b>Weir</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 30, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>July 22, 1874</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>8</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Conductor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ash Grove, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Albert T. Weir</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Frazier</b>	14. NAME OF HUSBAND OR WIFE <b>Suzanna Weir (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dorothy Reynolds</b>	ADDRESS <b>Clinton, Mo.</b>
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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) <b>Hypostatic Pneumonia</b>		<b>5 da</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fractured Hip,</b>		<b>3 wks</b>
DUE TO (c) <b>Chronic Bronchitis,</b>		<b>3 yr.</b>	
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	<b>9030</b> <b>20</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Fractured Hip</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Clinton Henry Mo</b>
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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? <b>Slipped on Rug</b>
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22. I hereby certify that I attended the deceased from 12-5, 1955, to 12-30, 1955, that I last saw the deceased alive on 12-30, 1955, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>G. S. Walker</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Clinton Mo</b>	23c. DATE SIGNED <b>12-31-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 1 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Dec 31-55</b>	REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Conrad</b>	ADDRESS <b>Clinton, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No. 129

P. O. Address Clinton

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.