

FILED JAN 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. 2046

BIRTH NO.		REG. DIST. NO. 211	PRIMARY REG. DIST. NO. 4324	Registrar's No. 3-56
1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia		c. LENGTH OF STAY (In this place) 3.00		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia 0660
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys Hospital		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED a. (First) Emma		b. (Middle) Ellen		c. (Last) Weitz
4. DATE OF DEATH		Jan 10, 1956		
5. SEX F	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/26/1881	9. AGE (In years last birthday) 74
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 (State or foreign country) Miller Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Peter De Mott		
13b. MOTHER'S MAIDEN NAME Susie Elm Morris		14. NAME OF HUSBAND OR WIFE Wes Weitz		
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 James Weitz Tuscumbia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Acidosis		INTERVAL BETWEEN ONSET AND DEATH 58 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Diabetis Mellitus		Unknown
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		260X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 1-8-1956 to 1-10-1956, that I last saw the deceased alive on 1-10-1956, and that death occurred at 5:15 P.M. from the causes and on the date stated above.				
23a. SIGNATURE M. E. Humphreys D.O.		23b. ADDRESS Tuscumbia, Mo.		23c. DATE SIGNED 1/11/56
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 1/12/56		24c. NAME OF CEMETERY OR CREMATORY Tuscumbia
24d. LOCATION (City, town, or county) (State) Tuscumbia, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller & Sons Inc Iberia, Mo.		
DATE REC'D BY LOCAL REG. Jan. 16 - 56		REGISTRAR'S SIGNATURE Mrs. D. E. Kullenbach		522

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 _____

Licensed Embalmer No. 4265

P. O. Address Berlin, Md

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.