

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3646**
 BIRTH NO. _____ REG. DIST. NO. **369** PRIMARY REG. DIST. NO. **6252** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Florida b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mill Spring		c. CITY OR TOWN Fort Myers	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 days		e. STREET ADDRESS (If rural, give location) 807 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Lillian	b. (Middle) CARRIE	c. (Last) Weiland	1 - 22 - 56		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 9, 1877	9. AGE (In years last birthday) 78	F UNDER 1 YEAR Months	F UNDER 2 HRS. Hours	F UNDER 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Fronton, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Henry Turley	13b. MOTHER'S MAIDEN NAME Cora Turley	14. NAME OF HUSBAND OR WIFE Carl Weiland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Russ Casahan	ADDRESS Mill Spring, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERNAL BETWEEN ONSET AND DEATH 1 year 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) my heart degeneration (mitral regurgitation) ANTECEDENT CAUSES very high blood pressure (hypertension) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 410X			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) Mill Spring Wayne Mo
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 **1-21, 1956** to **1-22, 1956** that I last saw the deceased alive on **1-21, 1956**, and that death occurred at **7:00 am.**, from the causes and on the date stated above.

23a. SIGNATURE L. E. Tossary m.d.	(Degree or title) _____	23b. ADDRESS Redwood - Mrs	23c. DATE SIGNED 1-22-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-23-56	24c. NAME OF CEMETERY OR CREMATORY Fort Myers	24d. LOCATION (City, town, or county) (State) Fort Myers Florida
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DATE REC'D BY LOCAL REG. Jan. 23, 1956	REGISTRAR'S SIGNATURE Hazel Ward	460	25. FUNERAL DIRECTOR'S SIGNATURE Norman H. Gosh	ADDRESS Redwood Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....
Signature of Student Embalmer

Signed *Norman W. Gish*.....

Licensed Embalmer No. *338*.....

P. O. Address *Pidman*.....

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.