

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>2032</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Warrensburg		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 123 E. Russell				e. STREET ADDRESS (If rural, give location) 123 E. Russell			
3. NAME OF DECEASED (Type or Print) a. (First) Clinton		b. (Middle) Ira		c. (Last) Weber		4. DATE OF DEATH Feb, 18 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, OR SEPARATED OR FORCED (Specify) Married		8. DATE OF BIRTH Jan. 18, 1898	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister				10b. BUSINESS OR IN- Church of Brethern		11. BIRTHPLACE (City and State or Foreign Country) Ipava, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Weber		13b. MOTHER'S MAIDEN NAME Lizzie Johnson		14. NAME OF HUSBAND OR WIFE Margaret A. Weber	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NUMBER 506-36-9524		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs C.I. Weber Warrensburg, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diastolic Cordiosclerosis DUE TO (c) Pulmonary edema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 min 1 year 4 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201			
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 <u>8-17, 1952</u> to <u>2-17, 1956</u> ; that I last saw the deceased alive on <u>2-18, 1956</u> , and that death occurred at <u>8AM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) L. Ledere, M.D.				23b. ADDRESS Warrensburg, Mo		23c. DATE SIGNED 2-20-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 21, 1956		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
DATE REC'D BY LOCAL REG. Feb. 21, 1956		REGISTRAR'S SIGNATURE Savannah C. C. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney-Phillips Warrensburg, Mo.			

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

1956
9 MAR 1956
1 MAR 1956

APR 3 1957

MAY 2 1958

RECORDED
FEB 27 1956
JOHNSON COUNTY HEALTH DEPT.

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 *John P. Rodgers*

Licensed Embalmer No. *496*
Warrensburg, Mo
P. O. Address

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.