

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44505**

FILED DEC 19 1956

BIRTH NO.		REG. DIST. NO. <b>340</b>		PRIMARY REG. DIST. NO. <b>6152</b>		Registrar's No. <b>4</b>			
1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter Liberty Twp.</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Dexter</b>		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 <b>Davis Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>112 East Stoddard St. 103<sup>rd</sup></b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b>			b. (Middle)		c. (Last) <b>Weber</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 2, 1956</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 1, 1870</b>		9. AGE (in years last birthday) <b>86</b>	
						IF UNDER 1 YEAR Months <b>10</b> Days <b>1</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired house-keeper</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Dexter, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>John Sitton</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah</b>			14. NAME OF HUSBAND OR WIFE <b>Edward Weber (Dec'd)</b>			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ernest Weber, Dexter, Mo.</b>				
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) <b>Coronary Arteriosclerosis</b>  ANTECEDENT CAUSES DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>Hypertension &amp; arteriosclerosis 10 years</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
						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 <b>June 3, 1948</b> , to <b>Dec 2, 1956</b> , that I last saw the deceased alive on <b>December 2, 1956</b> , and that death occurred at <b>5:00 AM</b> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Lt. Harold A. Paul</b>				23b. ADDRESS <b>2907 Dexter Ave</b>				23c. DATE SIGNED <b>12/10/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-4-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>		24d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>12-11-56</b>		REGISTRAR'S SIGNATURE <b>Delmer D. Janney</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Strickland-Rainey Dexter, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

409  
0

**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 *Lucille Rainey*.....

Licensed Embalmer No. *498*

P. O. Address *Deerfield*

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.