

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 6 - 1957

State File No. 12714

BIRTH NO.		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 130	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) Washington Rural		c. LENGTH OF STAY (in this place) 1 Yr		c. CITY OR TOWN Washington		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Rural Route #1			
3. NAME OF DECEASED (Type or Print) a. (First) CORNELIUS		b. (Middle) JOHN		c. (Last) WEBER		4. DATE OF DEATH (Month) (Day) (Year) May 1, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 16, 1876	
9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months 7 Days 15		11. IF UNDER 18 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Neier, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Herman E WEBER		13b. MOTHER'S MAIDEN NAME MARY PRIESTER		14. NAME OF HUSBAND OR WIFE FRANCES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, may be unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Weber Washington, 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) <u>Cirrhosis, liver, severe</u> ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Hepatitis, infectious, severe</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>19 Mo.</u> <u>25 Mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		092X	
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 <u>5/22, 1955</u> , to <u>May 1, 1957</u> , that I last saw the deceased alive on <u>3/26, 1957</u> , and that death occurred at <u>12:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Michael S. Hoffmann, M.D.</u>		23b. ADDRESS <u>Washington, Mo</u>		23c. DATE SIGNED <u>5/2/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4, 1957		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Union, Missouri	
DATE REC'D BY LOCAL REG. May 2, 1957		REGISTRAR'S SIGNATURE <u>J.P. Schumacher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Union Funeral Home</u>		ADDRESS Union	

(Licensed Embalmer's Statement on Reverse Side)

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

99-0

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.....

Licensed Embalmer No. 4488

P. O. Address Union, N.J.

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.