

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16572

STATE FILE NUMBER

FILED MAY 31 1957

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <b>COLE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>OSAGE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Chamois</b>		0760 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hosp</b>			Length of stay in 1b <b>4 days</b>			d. STREET ADDRESS (If outside, give location) <b>12 mi. WEST of Chamois</b>	
3. NAME OF DECEASED (Type or print) First <b>Floyd</b> Middle <b>Anton</b> Last <b>Weislocher</b>				4. DATE OF DEATH Month <b>MAY</b> Day <b>28</b> Year <b>57</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>FEB 26 1908</b>		9. AGE (In years last birthday) <b>49</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and state or country) <b>Osage County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>FRITZ WEISLOCKER</b>				14. MOTHER'S MAIDEN NAME <b>AMELIA TOPSEL</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>488-38-0146</b>		17. INFORMANT <b>JOHN WEISLOCKER - Chamois</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary vasculosa disease</b> DUE TO (c) <b>Bronchial asthma</b>							INTERVAL BETWEEN ONSET AND DEATH <b>241X</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>p. m.</b> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <b>7-18-53</b> to <b>5-28-57</b> and last saw <b>him</b> live on <b>5-28-57</b> . Death occurred at <b>12:30 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>W. V. M. Kelly</b> (Degree or title)				22b. ADDRESS <b>507 East High St</b>		22c. DATE SIGNED <b>5-29-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>30 May 57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Weislocher Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Chamois MO.</b>		
24. FUNERAL DIRECTOR <b>Stanley E. Dreyer</b> ADDRESS <b>Chamois Mo</b>			25. DATE RECD. BY LOCAL REG. <b>29 May 1957</b>		26. REGISTRAR'S SIGNATURE <b>R. P. Dorris, MD - MR.</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 *Stanley E. Meyer*.....  
Licensed Embalmer No. *463*

P. O. Address *Chamais*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.