

FILED NOV 12 1957

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 79

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Waverly</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Norborne</u> <u>0172</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kellings Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Rout. I.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Fredrick Martin Weber</u>			4. DATE OF DEATH Month Day Year <u>Nov 2 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 26 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>For Self</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>85</u> Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>St. Charles Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin Weber</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Peters</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Weber</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-42-6115</u>	17. INFORMANT Address <u>John M. Weber 426 E 45th KE 16</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 mins.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>pemphigus and herpes zoster - 1 day prior to admission</u>			
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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>4201 C</u>		20f. COUNTY STATE	
21. I attended the deceased from <u>10/27/1957</u> to <u>11/2/57</u> and last saw her alive on <u>11/2/57</u> Death occurred at <u>10:45</u> P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John Kellings M.D.</u> (Doctor or title)		22b. ADDRESS <u>Waverly, Missouri</u>	
22c. DATE SIGNED <u>11/6/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 5, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>2 Miles East Norborne Mo.</u>			
24. FUNERAL DIRECTOR <u>John S. Deitch Jr. Norborne</u>		25. DATE RECD. BY LOCAL REG. <u>11-8-57</u>	26. REGISTRAR'S SIGNATURE <u>Marie D. Bailey</u>

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 by me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John G. Deitch Jr.....

Licensed Embalmer No. 4797.....

P. O. Address Norborne.....

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.