

alth,
elfare
blic
rvice

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

347

FILED JAN 20 1958

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 28

2

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Russess City.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u> | | Length of stay in lb <u>4 yrs 5 m. 15 days</u> | d. STREET ADDRESS (If outside, give location) <u>118 N. Rankin.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

3. NAME OF DECEASED (Type or print) First JESSIE Middle MAY Last WEYER.

4. DATE OF DEATH Month 1 Day 2 Year 1958

5. SEX Female. 6. COLOR OR RACE White. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH 10-26-1873. 9. AGE (In years last birthday) 84 10. FUNDER 1 YEAR Months 2 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper. 10b. KIND OF BUSINESS OR INDUSTRY House making. 11. BIRTHPLACE (City and state or country) Chicago, Illinois. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Weyer. 13b. MOTHER'S MARDEN NAME Sarah E. Dickerson 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. None. 17. INFORMANT Address Miss Maudis Weyer, 110 N. Judson St., Knoxville, Tenn.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary tuberculosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Schizophrenia, depressive type.

INTERVAL BETWEEN ONSET AND DEATH 10 years.

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 002 X

20c. TIME OF INJURY .Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Death occurred at 7:30 P.M. on Jan 16 1958 and last saw her alive on 4-8-57. and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. R. Mendenhall, M.D. 22b. ADDRESS State Hospital No. 2, St. Joseph, Missouri 22c. DATE SIGNED 1-2-1958.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1-6-58 23c. NAME OF CEMETERY OR CREMATORY Anatomical School 23d. LOCATION (City, town, or county) (State) Kirksville, Missouri

24. FUNERAL DIRECTOR Stamey Jew. Home ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. Jan 16, 1958 26. REGISTRAR'S SIGNATURE Mrs Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 *Charles E. Bennett*

Licensed Embalmer No. *4627*

P. O. Address *St Joseph Md*

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.