

Health,
& Welfare
Public
Service
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300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032012
STATE FILE NUMBER

FILED OCT 2 1958 Registration District No. 56 Primary Registration District No. 4080 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Norborne		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Norborne 0170 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 217 E. 5th St.		Length of stay in lb 2 yrs.	d. STREET ADDRESS (If outside, give location) 217 E. 5th St.
3. NAME OF DECEASED (Type or print) First Mary Middle Josephine Last Weber			4. DATE OF DEATH Month Sept. Day 24 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 17, 1886
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Norborne, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Davis	
13b. MOTHER'S MAIDEN NAME Lucy Boschert		14. NAME OF HUSBAND OR WIFE Fredrick Weber	
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 Vincent Weber Norborne, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA DUE TO (b) Generalized Aderopathy DUE TO (c) Origin Rt Hip.			INTERVAL BETWEEN ONSET AND DEATH 6 Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1991			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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 2-24-58 to 2-24-58 last saw her alive on 9-24-58 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature]	
22b. ADDRESS Richmond		22c. DATE SIGNED 9-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-26-'58	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.	23d. LOCATION (City, town, or county) (State) Norborne Mo.
24. FUNERAL DIRECTOR Deitch Funeral Home Norborne, Mo.		25. DATE RECD. BY LOCAL REG. 9-26-58	26. REGISTRAR'S SIGNATURE Eileen Penniston

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.

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*

P. O. Address *Carrollton*

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.