Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032044
STATE FILE NUMBER

FILED SEP 18 1958 Registration District No. 70 Primary Registration District No. 5286 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wyaconda Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) X Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Clark
c. CITY OR TOWN Wyaconda 0.2 3 0 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Edith Middle Irene Last Weber

4. DATE OF DEATH Month Sept Day 2 Year 1958

5. SEX Female
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 29-1888
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 10 Days 4 IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Samuel G. Barber
13b. MOTHER'S MAIDEN NAME Florence Atherton
14. NAME OF HUSBAND OR WIFE Samuel Otho Weber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 4-86-44-1775
17. INFORMANT Samuel Otho Weber Address Wyaconda Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of L. Breast
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown
DUE TO (c) 170 X
INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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 Jan 1-'56, to Sept 2-58 and last saw her/him alive on Sept 2-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. F. Hutchinson D.O.
22b. ADDRESS Wyaconda, Mo
22c. DATE SIGNED 9/10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sep. 4 '58
23c. NAME OF CEMETERY OR CREMATORY Woodville Cem
23d. LOCATION (City, town, or county) Clark Co Woodville Mo (State)

24. FUNERAL DIRECTOR Gerth + Baskett ADDRESS Wyaconda Mo
25. DATE RECD. BY LOCAL REG. 9/10-1958
26. REGISTRAR'S SIGNATURE J. B. Bridges

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Fred Forth .....

Licensed Embalmer No. 4 2 5 [illegible]

P. O. Address Memphis

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.