

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032446
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 127

300
1-57

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Harrison		a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		c. CITY OR TOWN Bethany 0410	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 206 E. Main		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 4 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Middle Last Leander Thomas Weese			Month Day Year Sept 30 1958			
5. SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	6. COLOR OR RACE W <input checked="" type="checkbox"/> O <input type="checkbox"/>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 27, 1891	9. AGE (In years last birthday) 67	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)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Gentry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Weese		13b. MOTHER'S MAIDEN NAME Belinda Davis		14. NAME OF HUSBAND OR WIFE Gladys Ray Weese		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes <input checked="" type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		16. SOCIAL SECURITY NO. 487 42 6057	17. INFORMANT Mrs Gladys Weese Address Bethany, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) Suffocation		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) An alcoholic - found in vacant house where he had fallen downstairs with face down in such a manner he couldn't move		
DUE TO (c)		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Vacant house	20f. CITY, TOWN, OR LOCATION Bethany	COUNTY Harrison	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Ernest L. [Signature]</i> (Degree or title) Coroner	22b. ADDRESS Bethany, Missouri	22c. DATE SIGNED 10-1-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct 2 1958	23c. NAME OF CEMETERY OR CREMATORY Gentryville	23d. LOCATION (City, town, or county) (State) Gentryville, Missouri
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24. FUNERAL DIRECTOR Clifford Brooks Albany, Mo.	25. DATE RECD. BY LOCAL REG. 10-1-58	26. REGISTRAR'S SIGNATURE <i>Zella May</i>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

OCT 30 1958

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

Student
Signature of Student Embalmer

Signed Donald E. Coohell.....

Licensed Embalmer No. 4868.....

P. O. Address Albany, Mo......

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.