

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044771  
STATE FILE NUMBER

FILED DEC 16 1958 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Vernon, Township</b>		c. CITY OR TOWN <b>Mt. Vernon,</b> 0550	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At home</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Route 3</b>	
3. NAME OF DECEASED (Type or print) First <b>Emma</b> Middle <b>Weiss</b> Last <b>Weiss</b>		4. DATE OF DEATH Month <b>12</b> Day <b>9</b> Year <b>58</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3 - 31 - 1871</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	11. BIRTHPLACE (City and state or country) <b>Hoylton, Illinois</b>
13a. FATHER'S NAME <b>Henry Fieker</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Heitemeyer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Leticia Weiss Mt. Vernon, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure</b> DUE TO (b) <b>Chronic myocardial decompensation</b> DUE TO (c) <b>Semility</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Semility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3da.</b> <b>1wk.</b>	
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.) <b>4222</b>	
20c. TIME OF INJURY Hour <b>8:15 p.m.</b> Month, Day, Year		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <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 <b>Mt. Vernon, Mo.</b>
21. I attended the deceased from death occurred at <b>12/4/58</b> to <b>12/8/58</b> and last saw her alive on <b>12/8/58</b> .		22c. DATE SIGNED <b>12/11/58</b>	
22a. SIGNATURE <b>Berneth Glover Md</b>		22b. ADDRESS <b>Mt. Vernon, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12 - 12 - 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove Cemetery</b>	23d. LOCATION (City, town, or country) (State) <b>Lawrence Co., Mo.</b>
24. FUNERAL DIRECTOR <b>H.D Fossett</b>		25. DATE RECD. BY LOCAL REG. <b>12-12-58</b>	26. REGISTRAR'S SIGNATURE <b>Coil Hendricks</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc.: in cases of any 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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed H. W. Fossett.....

Licensed Embalmer No. 2201.....  
P. O. Address Mt. Vernon.....

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.