

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005229  
STATE FILE NUMBER

MAR 16 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <b>Greene</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>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Aurora</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		Length of stay in lb <b>Minutes</b>	d. STREET ADDRESS (If outside, give location) <b>1007 Park St.</b>
3. NAME OF DECEASED (Type or print) <b>DAVID WEBER</b>			4. DATE OF DEATH Month Day Year <b>March 9, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 25, 1878</b>
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Railroader</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Transportation</b>	11. BIRTHPLACE (City and state or country) <b>Elmhurst, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>David Weber</b>	
13b. MOTHER'S MAIDEN NAME <b>(Unknown) Gruenwalt</b>		14. NAME OF HUSBAND OR WIFE <b>Theresa Weber</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. <b>708-03-0849</b>	
17. INFORMANT <b>Mrs. David Weber</b>		Address <b>Aurora, 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>Probable Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>UNATTENDED BY PHYSICIAN</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) <b>4201</b>			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 a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <del>XXXXXXXXXXXXXXXXXXXX</del> and saw her alive on <del>XXXXXXXXXXXXXXXXXXXX</del> Death occurred at <b>APPROX 1:30 Pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James P. Amos, M.D.</b>		(Degree or title) <b>Greene Co. Health Officer, Springfield, Mo</b>	22b. ADDRESS
22c. DATE SIGNED <b>3-11-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/13/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Montrose Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Chicago, Illinois</b>
24. FUNERAL DIRECTOR <b>Arnold's Funeral Home;</b>		ADDRESS <b>Aurora, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-11-59</b>
		26. REGISTRAR'S SIGNATURE <b>Effie E. Melton</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

300  
1-57

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 *James D. Craftin*  
Licensed Embalmer No. *4668*  
P. O. Address *Anna, 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.