...RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 5 1959

59-031574
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 978

...NDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: 4 Yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Methodist Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6510 Lake Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CHARLES Middle H. Last WEBER

4. DATE OF DEATH: Month September Day 26, Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Aug.15,1912
9. AGE (last birthday): 47 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner
10b. KIND OF BUSINESS OR INDUSTRY: Produce Buisness
11. BIRTHPLACE (City and state or country): Wathena, Kans.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Emanuel Weber
13b. MOTHER'S MAIDEN NAME: Catherine Ramsel
14. NAME OF HUSBAND OR WIFE: Cecelia J. Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.# 11
16. SOCIAL SECURITY NO.: 472-14-8004
17. INFORMANT: Cecelia J. Weber Address: 6510 Lake Ave City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2½ hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Sept. 26, 1959 to Sept 26, 1959 and last saw ~~her~~ him alive on Sept 26, 1959
Death occurred at 8:10 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C.S. Grant M D
22b. ADDRESS: St. Joseph, Mo.
22c. DATE SIGNED: 9-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept.29,1959
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Union Star, Mo.

24. FUNERAL DIRECTOR: H.O. Sidenfaden & Son R.R.4. ADDRESS: St Joseph, Mo
25. DATE RECD. BY LOCAL REG.: Sept. 29, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

OCT 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert L Yagle

Signature of Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.