

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-50-027399

FILED VS JUL 21 1960
 Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFF			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DE SOTO, Mo.		Length of stay in 1b Y.R.S.		c. CITY OR TOWN DE SOTO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1317 ROCK ROAD			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1317 ROCK ROAD			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LOURINE Middle HENRIETTA Last WEASE				4. DATE OF DEATH Month JULY Day 13 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/13/93	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 5 Days	IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) FARMINGTON, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HENRY KOLLMEYER			13b. MOTHER'S MAIDEN NAME MARY NEIDERT		14. NAME OF HUSBAND OR WIFE MR. A.E. WEASE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address 317 Rk. Rd. MRS. BETTY CLARK DE SOTO, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 3 hours
DUE TO (b) arterio-sclerosis-medocr.							yes.
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) rheumatoid arthritis severe,							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.) no.			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year						
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		COUNTY	STATE
21. I attended the deceased from 1938 , to July 13, 60 and last saw her alive on July 13, 60 . Death occurred at 12:30 A. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Marie J. Harris M.D.				22b. ADDRESS De Soto, Mo.		22c. DATE SIGNED July 13, 60.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/15/60	23c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK CEM		23d. LOCATION (City, town, or county) (State) DE SOTO, MISSOURI			
24. FUNERAL DIRECTOR MR. DONNELL DIETRICH, DE SOTO, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 7-15-1960	26. REGISTRAR'S SIGNATURE Marie Harris.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 13 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donnell F. Reil

Licensed Embalmer No. 509

P. O. Address De Soto

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