

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027741

FILED VS JUL 11 1960 245

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 70

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Newton</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Neosho</u>		Length of stay in 1b		c. CITY OR TOWN <u>Neosho</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route # 3</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Angus</u> Middle <u>M.</u> Last <u>Weber</u>				4. DATE OF DEATH Month <u>July</u> Day <u>4</u> Year <u>1960</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-5-1896</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>		11. BIRTHPLACE (City and state or country) <u>Salem, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Riley Weber</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Dollie Weber</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW War # 1</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Dollie Weber</u> Address <u>Neosho, Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Self inflicted gun shot wound</u> DUE TO (b) <u>in head</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH		
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. <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot self with 410 Ga. shot gun.</u>							
20c. TIME OF INJURY Hour <u>about 10</u> Month, Day, Year <u>July 3, 1960</u>	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.) <u>In Home</u>		20f. CITY, TOWN, OR LOCATION <u>Neosho</u>		COUNTY <u>Newton</u>		STATE <u>Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>about 10 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Carley Thompson Carver</u> (Degree or title)				22b. ADDRESS <u>Neosho Mo.</u>				22c. DATE SIGNED <u>7/6/1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-7-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>			23d. LOCATION (City, town, or county) <u>Neosho, Mo</u> (State)			
24. FUNERAL DIRECTOR <u>Clark Funeral Home</u> ADDRESS <u>Neosho, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>July 6, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Melvin C. Brown MD</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

puRH

JUL 15 1960

JUL 25 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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So Wa
Meo to Meo

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.