

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001979

FILED VS JAN 9 1961

164

Primary Registration District No. 3032

4

STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warrensburg</i>		Length of stay in 1b <i>3 yrs.</i>	c. CITY OR TOWN <i>Warrensburg</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Warrensburg Medical Center</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1033 Anderson St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>BRADFORD WEBER</i>			4. DATE OF DEATH Month Day Year <i>January 5th, 1961</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-9-1957</i>	9. AGE (last birthday) <i>3</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>Mexico, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Randall W. Weber</i>		13b. MOTHER'S MAIDEN NAME <i>Doris Beatty</i>		14. NAME OF HUSBAND OR WIFE <i>single</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT Address <i>Randall W. Weber, Warrensburg, Missouri</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Extensive tearing of rt lung</i>					INTERVAL BETWEEN ONSET AND DEATH <i>4 1/2 hrs</i>	
DUE TO (b) <i>Hemorrhage of rt circle muscle</i>					<i>4 1/2 hrs</i>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Automobile accident, child run over in street.</i>				
20c. TIME OF INJURY Hour <i>4 PM</i> Month, Day, Year <i>I-5-1961</i>	in <i>Broadview Addition, in front of 1033 Anderson St.</i>					
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.) <i>Street, front of home,</i>	20f. CITY, TOWN, OR LOCATION <i>Warrensburg, Johnson County, Missouri</i>		STATE		
21. I attended the deceased from <i>I-5-1961</i> to <i>I-5-1961</i> and last saw ^{him} alive on <i>I-5-1961</i> Death occurred at <i>9 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Neal Mason</i>			22b. ADDRESS <i>M.D. Warrensburg, Missouri</i>		22c. DATE SIGNED <i>I-6-1961</i>	
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>I-7-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>East Lawn Memorial Park, Mexico, Missouri</i>		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR ADDRESS <i>The Brauningers, Warrensburg, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 7, 1961</i>	26. REGISTRAR'S SIGNATURE <i>Savannah Cuthfield</i>			

JAN 10 1961

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 *R. B. [Signature]*

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.