

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025731  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 391 Primary Registration District No. 4504 Registrar's No. 13

FILED JUN 19 1962

VS 300  
Rev. 4/59

1 1030

2 1030

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9/9/90

10 19

11 103

12 90-3

13 3-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH  
a. COUNTY Stoddard  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ADVANCE Length of stay in lb 3 months  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ADVANCE Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Stoddard  
c. CITY OR TOWN ADVANCE Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) ADVANCE Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
LESTER OTTO WEBER  
4. DATE OF DEATH Month Day Year  
MAY 15 1962

5. SEX MALE 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 5-25-1895 9. AGE (last birthday) 66  
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  
11 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIET  
10b. KIND OF BUSINESS OR INDUSTRY Screw Mfg. Chicago Ill.  
11. BIRTHPLACE (City and state or country) USA  
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HERMAN WEBER 13b. MOTHER'S MAIDEN NAME Barbara Feldman 14. NAME OF ~~husband~~ OR WIFE Victoria Weber

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. none  
17. INFORMANT Address Mrs. Victoria Weber, Advance, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Self-inflicted gunshot wound in head while cleaning gun. INTERVAL BETWEEN ONSET AND DEATH sudden  
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   
20a. ACCIDENT  ~~SHOOTING~~ ~~HOME~~ ~~WORK~~  
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Shot self in head with 12 ga. shotgun while cleaning gun.  
20c. TIME OF INJURY Hour Month, Day, Year  
10:45 p.m. 5-15-62

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.) Home  
20f. CITY, TOWN, OR LOCATION COUNTY STATE  
Advance Stoddard County, Mo.

21. I attended the deceased from 10:45 to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at 10:45 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marsh Watkins Coroner 22b. ADDRESS Dexter, Missouri 22c. DATE SIGNED 5-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE MAY 17, 1962 23c. NAME OF CEMETERY OR CREMATORY MORGAN MEM. PARK 23d. LOCATION (City, town, or county) (State) ADVANCE, Mo.

24. FUNERAL DIRECTOR ADDRESS W. H. Morgan Advance, Mo. 25. DATE RECD. BY LOCAL REG. 5/17/62 26. REGISTRAR'S SIGNATURE Dexter Moore

**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 W<sup>m</sup> H May

Licensed Embalmer No. 4640

P. O. Address Advance, 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.