

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12973

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>LEXINGTON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>LEXINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>197 S. WEST Blvd.</u>		d. STREET ADDRESS (If rural, give location) <u>197 S. WEST Blvd.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>		c. (Last) <u>WEIS</u>	
b. (Middle) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>4/7/1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>4/30/1877</u>
9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES LADY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRY GOODS STORE</u>	
11. BIRTHPLACE (State or foreign country) <u>LEXINGTON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CONRAD F WEIS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET KOHLBROKER</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>MARY EGELHOFF</u>		ADDRESS <u>LEXINGTON, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>234X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4-4</u> , 19 <u>49</u> , to <u>4-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>[Address]</u>	
23c. DATE SIGNED <u>4/8/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/9/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MACHERLACH</u>		24d. LOCATION (City, town, or county) (State) <u>LEXINGTON, MO</u>	
DATE REC'D BY LOCAL REG. <u>4/28/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>FOREST, F. TEMPEL LEX. MO</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-10-49.....

Rec'd

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
Student Embalmer

Signed *Geo. M. Kean*.....

Licensed Embalmer No. 2983.....

P. O. Address *Leungton, 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 this body is not embalmed, fact should be so stated above.