No. 300
10.48

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FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36844

BIRTH NO. 78871-48 REG. DIST. NO. 111 PRIMARY REG. DIST. NO. ~~4183~~ 5426 Registrar's No. 20

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Pacific) Baleskup
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mile So Pacific

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Same
b. COUNTY: 56
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Charles
c. (Last): Weber

4. DATE OF DEATH (Month) (Day) (Year): October 29, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: December 29, 1949
9. AGE (In years last birthday): If under 1 year: Months 9, Days 20; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Weber
13b. MOTHER'S MAIDEN NAME: Anna McGuire
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: Geo. Weber
ADDRESS: Pacific Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Respiratory Failure	12 Hrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral atrophy	6 mo.
DUE TO (c)	Congenital Hydrocephalus	10 mo
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		344X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* Oct. 26, 1949, *that I last saw the deceased alive on* Oct 26, 1949, *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Steinbach, MWD
23b. ADDRESS: Pacific Mo
23c. DATE SIGNED: 10/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 28, 1949
24c. NAME OF CEMETERY OR CREMATORY: St. Bridgets Cemetery
24d. LOCATION (City, town, or county) (State): Pacific Mo.

DATE REC'D BY LOCAL REG.: Oct/28/49
REGISTRAR'S SIGNATURE: Mary B Gross 94
25. FUNERAL DIRECTOR'S SIGNATURE: Jno. L. Thiebes
ADDRESS: Pacific Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-23-49
District Health Officer No. 9
District File Number

FEB 26 1951

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 Jno. L. Thiebes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.