

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8150 Boggs 9329  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>John</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Spring Valley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>		d. STREET ADDRESS <u>Bayle Spgs. RFD #1</u>	
3. NAME OF DECEASED a. (First) <u>David</u> b. (Middle) <u>Martin</u> c. (Last) <u>Weiss</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 19 - 50</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 21 1883</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Weiss</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Messinger</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Weiss</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ethel Weiss</u> ADDRESS <u>Bayle Spgs. Kans.</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>Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetic Coma</u> DUE TO (c) <u>Diabetes</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>3-17</u> , 19 <u>50</u> , to <u>3-19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-19</u> , 19 <u>50</u> , and that death occurred at <u>10:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. N. Boggs M.D.</u>		23b. ADDRESS <u>R. 1 Bayle Springs, Kans.</u>	
23c. DATE SIGNED <u>3-20-50</u>		23d. SIGNATURE OF REGISTERAR <u>J. N. Boggs</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-19-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bayle Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bayle Spgs. Kans.</u>	
DATE REC'D BY LOCAL REG. <u>3-20-50</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lance W. Wone</u> ADDRESS <u>Bayle Spgs. Kans.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0495

RECEIVED 4-3-50  
Jasper County Health Office

County File Number 50-3-248

Date Filed 4-3-50

MAY 17 1950

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OCT 24 1962

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 \_\_\_\_\_

Wene Funeral Home

working under my personal supervision.

Student Embalmer No. ....

Signed

J. Lane Wene

Signed.....  
Student Embalmer

Licensed Embalmer No. 2880 mo.

P. O. Address Baxter Spqr Har

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.