

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 23109BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Linn, Mo. RFD# 1</u> <u>0760</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Jefferson City, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Weiber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29th, 1950</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>Sept 26-1884</u>
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>10</u>	11. DAYS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ryors, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Fritz Weiber</u>	
13b. MOTHER'S MAIDEN NAME <u>Malinda Connor</u>		14. NAME OF HUSBAND OR WIFE <u>Lizzie Redden Weiber</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Weiber. Linn, Mo. R 1</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> <u>1 year</u> DUE TO (c) <u>Hypertension</u> <u>1 year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2 1/2 years</u>	
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) _____		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>July 25, 1950</u> to <u>July 29, 1950</u> , that I last saw the deceased alive on <u>July 29, 1950</u> , and that death occurred at <u>4:00 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. D. Gepherson M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>7-29-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7/31/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oklahoma Cemetary</u>	
24d. LOCATION (City, town, or county) (State) <u>Osage County Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Norton</u>	
DATE REC'D BY LOCAL REG. <u>July 29-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris MD - 770</u>	
25. ADDRESS <u>Linn, Mo.</u>		_____	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8.2.52  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 8.2.52

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.