

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30757

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 374

0484

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3 Rural Blue | |
| c. LENGTH OF STAY (in this place) unknown | | d. STREET ADDRESS (If rural, give location) 711 Overton 0484 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium | | | |

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|---|------------------------|--|---|------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Frances c. (Last) Weis | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1950 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH Dec. 21, 1862 | 9. AGE (In years last birthday) 87 | 10. KIND OF BUSINESS OR INDUSTRY self employed |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 11. BIRTHPLACE (State or foreign country) Lexington, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |

| | | | | | |
|--|--|-----------------------------------|--|--|--|
| 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE George Weis (deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tempel Funeral Home Lexington, Mo. | |

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|--|--|--|--|---|--|
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Myocardial infarction - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 2-3 days. 3 to 5 yrs. H. S. [Signature] |
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |

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|---|--|--|--|---|--|
| 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 9-23-1950, to 9-25-1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00A m., from the causes and on the date stated above.

| | | | | | |
|--|--|-------------------------------|--|--------------------------|--|
| 23a. SIGNATURE R. S. [Signature] (Degree or title) | | 23b. ADDRESS Independence Mo. | | 23c. DATE SIGNED 9-25-50 | |
|--|--|-------------------------------|--|--------------------------|--|

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|--|----------------------------|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE (Sept. 26, 1950) | 24c. NAME OF CEMETERY OR CREMATORY Lexington | 24d. LOCATION (City, town, or county) (State) Lexington, Mo. | | |
|--|----------------------------|--|--|--|--|

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|---|-----------------------------------|--|------------------------|--|--|
| DATE REC'D BY LOCAL REG. Sept. 26, 1950 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS Lexington, Mo. | | |
|---|-----------------------------------|--|------------------------|--|--|

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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

Tom D. Marbland

Licensed Embalmer No.

4592

P. O. Address

Indep 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.