

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32312

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 182

0970
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall Twp. Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Human Co. Mo.</u>	
c. LENGTH OF STAY (In this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>9325 Brooklyn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School</u>			

3. NAME OF DECEASED a. (First) <u>Dorris</u> b. (Middle) <u>Lee</u> c. (Last) <u>Weisbacher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1960</u>		
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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>Nov 4-1932</u>	9. AGE (In years last birthday) <u>17</u> if UNDER 1 YEAR: Months <u>10</u> Days <u>26</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patient</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edward Harold</u>	13b. MOTHER'S MAIDEN NAME <u>Edna Huebner</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mo State School</u>	ADDRESS <u>Marshall</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (bacterial)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epilepsy</u>		<u>unknown</u>
	DUE TO (c) <u>—</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>3533</u>

19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from Aug 20, 1950, to Sept 20, 1960, that I last saw the deceased alive on Sept 29, 1960, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James H. Davidson M.D.</u>	23b. ADDRESS <u>Mo State School</u>	23c. DATE SIGNED <u>9-30-60</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>—</u>	24b. DATE <u>4/10/2/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Human City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Human City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 30, 1950</u>	REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>	385	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee C. Murray</u>	ADDRESS <u>Marshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

7/2/57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10/2/58

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.

Signed *Johnnie Sessing*

Signed _____
Student Embalmer

Licensed Embalmer No. 32358

P. O. Address W. Marshall

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.