

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16031**
Registrar's No. **63**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. CITY (If outside corporate limits, write RURAL and give township) Boonville 0272	
c. LENGTH OF STAY (In this place) 4 Days.		d. STREET ADDRESS (If rural, give location) Seventh St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Alex VanRaenswaay Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Mimie	b. (Middle) Lonadele	c. (Last) Weber	(Month) May	(Day) 31	(Year) 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 27th 1879	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Boonville, Missouri, 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Weber	13b. MOTHER'S MAIDEN NAME Margaret Kirchner	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Frank Weber, Boonville, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes gravis mellitus		3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. gangrene of L. foot.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **May 30, 1951**, to **May 31, 1951**, that I last saw the deceased alive on **May 31, 1951**, and that death occurred at **5-6 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Alex R. Ravenhooey M.D.	(Degree or title)	23b. ADDRESS Boonville, Missouri	23c. DATE SIGNED June 1, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 2nd 1951	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville, Missouri
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DATE REC'D BY LOCAL REG. 6-4-51	REGISTRAR'S SIGNATURE D. Hooper	381 0	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Missouri.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 6-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-9-51

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.