

STANDARD CERTIFICATE OF DEATH

State File No. 687

FILED JAN 10 1952

REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 2

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

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>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City 25 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City 0264</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>637-E-Capitol</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>637-E-Capitol</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u> b. (Middle) <u>H.</u> c. (Last) <u>Weiler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1 1952</u>		
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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>March 22 1877</u>	9. AGE (In years last birthday) <u>74</u>	10. MONTHS <u>9</u>	11. DAYS <u>9</u>	12. IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Highway Dept.</u>	11. BIRTHPLACE (State or foreign country) <u>Cole County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Weiler</u>	13b. MOTHER'S MAIDEN NAME <u>Hovisa Resdorf</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Weiler</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>Mrs. Grace Weiler</u>	ADDRESS <u>637-E-Capitol</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart attack</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>Canceroma of sigmoid</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
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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? <u>153 X</u>
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22. I hereby certify that I attended the deceased from 1/31, 1952, to 1/1, 1952, that I last saw the deceased alive on 5/25, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Eugene M. D. Jefferson</u>	(Degree or title)	23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>1/2/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/4/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	24d. LOCATION (City, town, or county) (State) <u>Cole County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 5-1952</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Hume - 710 Jefferson</u>	ADDRESS
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RECEIVED

JAN 9 1952

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed **JAN 9 1952**

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MAR 3 1 1952

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.....
J. M. Mulkin

Signed.....
Student Embalmer

Licensed Embalmer No. **3641**

P. O. Address.....
J. M. Mulkin

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.