

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **6091** Registrar's No. **5**

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

1. PLACE OF DEATH a. COUNTY <b>SALINE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SALINE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL Saltpond</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL Saltpond</b>	
c. LENGTH OF STAY (In this place) <b>1 1/2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 mile North of Sweet Springs Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Family N. of Sweet Springs</b>			

3. NAME OF DECEASED a. (First) <b>Anna</b> b. (Middle) <b>A</b> c. (Last) <b>R Weber</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 26 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>Sept. 25, 1869</b>		9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house work</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <b>John Winter</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Stockman</b>		14. NAME OF HUSBAND OR WIFE <b>Fritz Weber</b>	
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Fritz Weber</b> ADDRESS <b>Sweet Springs Mo</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>arteriosclerotic heart disease</b>			
		DUE TO (c) <b>Infirmities old age.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Jan 1951**, to **26 Jan 1952**, that I last saw the deceased alive on **25 Jan 1952**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ralph H. Sines</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Sweet Springs, Mo.</b>		23c. DATE SIGNED <b>28 Jan 52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Jan 28, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sweet Springs Mo</b>	
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DATE REC'D BY LOCAL REG. <b>1/28/52</b>		REGISTRAR'S SIGNATURE <b>Dolly Andrew</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edgar A. Moseley</b> ADDRESS <b>Sweet Springs Mo</b>	
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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 Edgar L Moseley

Licensed Embalmer No. 47110

P. O. Address Sweet Springs M

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.