S. No. 300
Rev. 10-48

0550
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8956

FILED MAR 31 1952

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 5-637 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon R.R.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rigsby Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Red Oak — Red Oak
d. STREET ADDRESS (If rural, give location): La Russell R.R. # 1 0550

3. NAME OF DECEASED (Type or Print): a. (First) Eliza b. (Middle) c. (Last) Weber

4. DATE OF DEATH (Month) (Day) (Year): 2-11-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 8-2-1865
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 6, Days 9 — IF UNDER 1 HR.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: House Keeper
11. BIRTHPLACE (State or foreign country): Decatur Illinois
12. CITIZEN OF WHAT COUNTRY?: —

13a. FATHER'S NAME: Jerome Kelley
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Clifford Vinson — **ADDRESS**: La Russell Mo

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): Myocardial Stenosis — 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)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 410 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1952, *to* Feb 11, 1952, *that I last saw the deceased alive on* 2-10, 1952, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. S. Burney M.D. (Degree or title)
23b. ADDRESS: Miller Mo
23c. DATE SIGNED: 2-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-14-52
24c. NAME OF CEMETERY OR CREMATORY: Red Oak
24d. LOCATION (City, town, or county) (State): West of Miller Mo.

DATE REC'D BY LOCAL REG.: 2-25-52
REGISTRAR'S SIGNATURE: W. S. Burney 158
25. FUNERAL DIRECTOR'S SIGNATURE: Monroe-Lemon — **ADDRESS**: Miller Mo

(Licensed Embalmer's Statement on Reverse Side)

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 G. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.