

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27027

State File No. ....

No. 300,  
v. 10

SEP 9-1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>302</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u> <span style="float:right">Oc 13 0</span>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Van Buren</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonaparte, Iowa</u> <span style="float:right">8140</span>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. #.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>A.</u> c. (Last) <u>Weiherr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1952</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 30, 1880</u>			
9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic, Rtd.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanic, Rtd.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bonaparte, Iowa</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Weiherr</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Cummings</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Mae Sadler</u>			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Goldie Tade, Bonaparte, Iowa</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diffuse, abdominal carcinoma.</u>				DUPLICATE OF (b) <u>probable extension from cancer of sigmoid.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>secondary uremia</u>									
19a. DATE OF OPERATION <u>9-1-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Diffuse metastatic carcinoma</u>				20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> NO <input 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) <u>153x</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <u>Aug. 18, 1952</u> , to <u>Sept. 2, 1952</u> , that I last saw the deceased alive on <u>Sept. 2, 1952</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Paul Haysler Jr.</u>				23b. ADDRESS <u>D. O. 2, Kirkville, Mo.</u>		23c. DATE SIGNED <u>9-3-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/3/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thompson</u>		24d. LOCATION (City, town, or county) (State) <u>Van Buren Co., Iowa</u>			
DATE REC'D BY LOCAL REG. <u>9-3-52</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: <u>Paul H. Riley, Kirkville, Mo.</u>					

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

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OCT 17 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Fiskville, 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.