

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9267**

ED **MAR 24 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5342** Registrar's No. \_\_\_\_\_

1290  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>	
b. CITY OR TOWN <b>Rural-Wash.Twp.</b>	c. LENGTH OF STAY (In this place) <b>3 wks</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Greenfield 0290</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mitchell Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charley</b> b. (Middle) <b>W.</b> c. (Last) <b>Weir</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 20, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 4, 1867</b>	9. AGE (In years) (Month) (Day) (Min.) <b>85 3 16 - -</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Dade Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jonathan Weir</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>Myrta Weir</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Myrta Weir, Greenfield, Mo.</b>
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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 <b>5 or 6 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral apoplexy</b>		
	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	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) (Min.)	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 **3-12-** 19**53**, to **3-20-** 19**53**, that I last saw the deceased alive on **3-12-** 19**53**, and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Max Heilbrunn M.D.</b> (Degree or title)	23b. ADDRESS <b>Lockwood</b>	23c. DATE SIGNED <b>3-21-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-22-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenfield Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Greenfield, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-22-53</b>	REGISTRAR'S SIGNATURE <b>J. C. Canada 478</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. C. Canada, Greenfield, 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

*J. C. Canada*

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, Wis*

**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.