

FILED DEC 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44056

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 426

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cantwell</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cantwell</b>	
c. LENGTH OF STAY (in this place) <b>25yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0940</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cantwell</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Clifford</b> c. (Last) <b>Weible</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 5, 1953</b>		
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>July 21, 1891</b>		9. AGE (In years last birthday) <b>62</b> IF UNDER 1 YEAR <b>4</b> Months <b>14</b> Days IF UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Oper.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Joseph Lead Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Black River, Mo.</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>U S</b>

13a. FATHER'S NAME <b>William Weible</b>		13b. MOTHER'S, MAIDEN NAME <b>Elizabeth Moses</b>		14. NAME OF HUSBAND OR WIFE <b>Lola Weible</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lola Weible</b> ADDRESS <b>Cantwell, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumo-pneumonia</b>			<b>2d</b>
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerotic changes</b> DUE TO (c) <b>Branchial Asthma, bronchitis 15 yrs</b>			
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"/>	
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) (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 May, 1952, to Dec 5, 1953, that I last saw the deceased alive on 12-4, 1953, and that death occurred at 5:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. O. Gable, M.D.</b>		23b. ADDRESS <b>Desloge Mo</b>		23c. DATE SIGNED <b>12-10-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/7/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Herod Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Cantwell, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Dec. 10, 1953</b>		REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Z. Boyer &amp; Son</b> ADDRESS <b>Desloge, Mo.</b>	
-----------------------------------------------	--	--------------------------------------------	--	-------------------------------------------------------------------------------------------	--

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

940

JAN 29 1954

JAN 12 1954

**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 *P. T. Boyer*

Licensed Embalmer No. *3660*

P. O. Address *Verde, 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.