

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

12482

State File No.

BIRTH NO. FILED MAY 3 1954 REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Township</u>	
c. LENGTH OF STAY (in this place) <u>4 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Barnhart, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>ARTHUR</u> c. (Last) <u>WEBER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 19, 1954</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 6, 1864</u>		9. AGE (In years last birthday) <u>90</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pevely, Missouri</u>	
13a. FATHER'S NAME <u>Stephen Weber</u>				13b. MOTHER'S MAIDEN NAME <u>Nettie---Unknown</u>	
13c. FATHER'S NAME <u>Stephen Weber</u>				14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Weber Webster Groves, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, lobes, left lower lobe</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
		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 <u>490 X</u>			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 April 13, 1954, to April 19, 1954, that I last saw the deceased alive on April 14, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas A. Donnell M.D.</u>	23b. ADDRESS <u>Desoto, Mo.</u>	23c. DATE SIGNED <u>4-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 22, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burgess Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Antonia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-22-54</u>	REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heiligttag Funeral Home</u>	ADDRESS <u>Imperial, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

500
4

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 27 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

Arthur W. Heiligter

Licensed Embalmer No. *13872*

P. O. Address

Imperial Missouri

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.