

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5719 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY <u>Mason</u>		2. USUAL RESIDENCE (Where deceased lived, or if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Mason</u>	
b. CITY OR TOWN <u>Berwin Rural</u>		c. CITY OR TOWN <u>Berwin Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>0610</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) _____ c. (Last) <u>WEBER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-23-72</u>
9. AGE (In years last birthday) <u>82</u>		10. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. Heidler</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Adles</u>	
14. NAME OF HUSBAND OR WIFE _____		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 <u>Raymond Weber</u> ADDRESS <u>Berwin 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>Cor. Myocarditis Hypertension</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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443X	
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 _____, 19 <u>25</u> , to <u>June 12, 1954</u> , that I last saw the deceased alive on <u>June 1, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Howard Heiler M.D.</u>		23b. ADDRESS <u>Mason</u>	23c. DATE SIGNED <u>6/17/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Oakwood</u>	24d. LOCATION (City, town, or county) (State) <u>Berwin Mo</u>
DATE REC'D BY LOCAL REG. <u>6/24/54</u>	REGISTRAR'S SIGNATURE <u>J. M. Weedy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. S. Edwards</u> ADDRESS <u>Berwin Mo</u>	

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 6.54.107
Date Filed 6.28.54

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 H. Edwards

Licensed Embalmer No. 1961

P. O. Address Beverly, 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.