No. 300
10-48

FILED NOV 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37776

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 536

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FREEMAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1623 WEST 1ST STREET 0495

3. NAME OF DECEASED (Type or Print)
a. (First): OLLIE
b. (Middle): LAWRENCE
c. (Last): WEISGERBER

4. DATE OF DEATH (Month) (Day) (Year): NOV. 3, 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 26, 1897
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: ROGERS FOUNDRY
11. BIRTHPLACE (City and State or Foreign Country): YANKTON, S. D.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CASPER WEISGERBER
13b. MOTHER'S MAIDEN NAME: BARBARA DELORRAINE
14. NAME OF HUSBAND OR WIFE: MRS DELLA M. WEISGERBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: MRS DELLA M. WEISGERBER, 1623 W. 1ST

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, asthenia, 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)	Coronary thrombosis	10 min.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic renal disease	6 mo.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Albuminuria, hypertension, anemia	6 mo. (?)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 420 X
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/2, 1954, *to* 11/3, 1954, *that I last saw the deceased alive on* 10/28, 1954, *and that death occurred at* 7:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): X [signature] M. D.
23b. ADDRESS: 420 Byers Avenue, Joplin, Mo.
23c. DATE SIGNED: 11/5/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-6-54
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEMETERY
24d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG.: 11-8-54
REGISTRAR'S SIGNATURE: Ed S. James 138 by Dolores Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

County File Number
Date Filed NOV 18 1954

JAN 29 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 23

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.