

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>35 years</u>		e. STREET ADDRESS (If rural, give location) <u>2416 Charles St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Dora</u>		b. (Middle)		c. (Last) <u>Weil</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 18, 1955</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>February 26, 1878</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>saleslady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Solomon Weil</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Weil</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-12-2275</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry S. Weil, 2416 Charles St. Joseph, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a); (b); and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA, LEFT LUNG</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 MONTHS</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</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.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>	
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? <u>NONE</u>	

22. I hereby certify that I attended the deceased from AUGUST 22, 1953, to JANUARY 12, 1955, that I last saw the deceased alive on JAN 17, 1955, and that death occurred at 7:15a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Allen S. Herman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>706 FRANCIS ST. ST. JOSEPH, Mo.</u>		23c. DATE SIGNED <u>JAN 13, 1955</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/20/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Adath Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 26, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>495</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bauman</u>		ADDRESS <u>St. Joseph, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1956

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.....  
Signature of Student Embalmer

Signed *James P. Hawkins*.....

Licensed Embalmer No. 45.....

P. O. Address 319 So 10th.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.