

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15071

State File No.

FILED MAY 23 1955

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY OR TOWN Salem		c. CITY OR TOWN -----	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 1/2 yrs		e. STREET ADDRESS (If rural, give location) Rural-Franklin Twsp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Knox Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) IRA		b. (Middle) C		c. (Last) WEIR		4. DATE OF DEATH (Month) (Day) (Year) May 6 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 27, 1894	
9. AGE (In years last birthday) 61		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Cadiz, Ohio	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles L. Weir		13b. MOTHER'S MAIDEN NAME Eva Rose Septer		14. NAME OF HUSBAND OR WIFE Mabel Weir	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW I		17. INFORMANT'S SIGNATURE OR NAME Mabel Weir		ADDRESS Bx 900 Jefferson City Mo	
---	--	------------------------------	--	--	--	----------------------------------	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Bronchiectasis with emphysema				4 days	
		DUE TO (c) Poss. Chr. Asthmatic					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Cardio-valvular disease	

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)		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 1953, 10, to 5/6/55, 19, that I last saw the deceased alive on 5/6/55, 19, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph R. Burnett, M.D.		23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 5/7/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 9 1955		24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery	
				24d. LOCATION (City, town, or county) (State) Salem Missouri	

DATE RECD BY LOCAL REG. 5-7-55		REGISTRAR'S SIGNATURE R.E. Mitchell, M.D. by MEE		5-15-0		25. FUNERAL DIRECTOR'S SIGNATURE Blackwell-Crawford		ADDRESS Salem, Mo.	
--------------------------------	--	--	--	--------	--	---	--	--------------------	--

(Licensed Embalmers' Statement on Reverse Side)

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

MAY 24 1955

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 Max R. Wafer

Licensed Embalmer No. 4117

P. O. Address Salem

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.