

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36061**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1272

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph | 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) 2 years | | e. STREET ADDRESS (If rural, give location) 3211 Penn St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3211 Penn St. | | | |

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|---|------------|-------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) ANNA | a. (First) | b. (Middle) | c. (Last) WEIGEL | 4. DATE OF DEATH November 29, 1955 |
|---|------------|-------------|-------------------------|---|

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|----------------------|-------------------------------|---|--|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH January 19, 1874 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HRS. Hours | IF UNDER 1 HRS. Min. |
|----------------------|-------------------------------|---|--|---|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Nebr. | 12. CITIZEN OF WHAT COUNTRY? USA |
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|--|---|--|
| 13a. FATHER'S NAME unknown Miller | 13b. MOTHER'S MAIDEN NAME Margaret unknown | 14. NAME OF HUSBAND OR WIFE Jacob |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby Pratt, 3211 Penn, St. Joseph, Mo. | ADDRESS |
|--|-------------------------------------|--|---------|

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ant. selective heart disease? | | |
| | 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. Senility | | 4:00 | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 11-9-, 1955, to date, 19 , that I last saw the deceased alive on 11-16, 1955, and that death occurred at 11:20p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Dr. H. F. Mason MD | (Degree or title) | 23b. ADDRESS St. Joseph Mo | 23c. DATE SIGNED 11-30-55 |
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|--|-----------------------------|------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 11/30/1955 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Hanover, Kansas |
|--|-----------------------------|------------------------------------|--|

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| DATE REC'D BY LOCAL REG. Dec 6, 1955 | REGISTRAR'S SIGNATURE Kathleen M. Allison | 485 | 25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman | ADDRESS St. Joseph Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 D. Hawkins*.....

Licensed Embalmer No. 453

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

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.