

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12852

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sullivan</u>		c. LENGTH OF STAY (If in place) <u>5 Wks</u>		c. CITY OR TOWN <u>Leasburg</u> <del>Leasburg</del>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northside Hosp.</u>				No. STREET ADDRESS (If rural, give location) <u>1 Mile N. of Leasburg, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John Martin</u> b. (Middle) <u>Weber</u> c. (Last) _____			4. DATE OF DEATH <u>4/6/1956</u>		5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>9/21/1880</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Steelville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. Friedrich Weber</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Eliz. Sewell</u>		14. NAME OF HUSBAND OR WIFE <u>Mar E. Ellis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MAR E. ELLIS</u> ADDRESS <u>LEASBURG, 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>Progressive Cerebral Arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>Prostatic Hypertrophy with Chronic Cystitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4200</u>	
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) (Minute) _____	
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 <u>June</u> , 1949, to <u>April 6</u> , 1956, that I last saw the deceased alive on <u>April 6</u> , 1956, and that death occurred at <u>3:41 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James H. Holt</u> (Degree or title) _____				23b. ADDRESS <u>Sullivan Mo.</u>		23c. DATE SIGNED <u>4/9/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-9-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dea Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leasburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-9-56</u>		REGISTRAR'S SIGNATURE <u>James A. Humphrey</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Hamilton</u>		ADDRESS <u>Suta, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

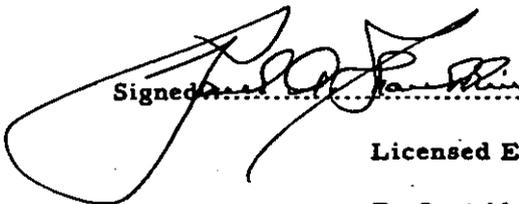
APR 26 1959

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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  .....

Licensed Embalmer No. 347

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