

10. 300  
0. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14187

FILED MAY 9 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville</b>		c. CITY OR TOWN <b>Perryville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>R.F.D. # 4</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Perry County Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Gary</b>	b. (Middle) <b>Joseph</b>	c. (Last) <b>Weibrecht</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 13, 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>December 28, 1949</b>	9. AGE (In years last birthday) <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Perry County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Alvin P. Weibrecht</b>	13b. MOTHER'S MAIDEN NAME <b>Elva Zahner</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alvin P. Weibrecht, Perryville, Mo. R#4</b>

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		INTERVAL BETWEEN ONSET AND DEATH  <b>SEAL</b> CORNER of Perry County
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Skull</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Multiple Fracture</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>8124</b> <b>25</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway # 51</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Perryville, Perry, Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4 12-1956</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>STRUCT BY CAR</b>
22. I hereby certify that I attended the deceased from <u>Coroner of Perry, Mo.</u> to <u>Coroner of Perry County, Mo.</u> , and that death occurred at <u>7:30 AM, 4-13-1956</u> , from the causes and on the date stated above.		
23. SIGNATURE <b>Wm Weidman</b> (Degree or title) <b>Coroner of Perry County, Mo.</b>	23b. ADDRESS <b>Perryville, Mo</b>	23c. DATE SIGNED <b>4/13/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 14, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>4-14-56</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zellner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Key, Perryville, Mo.</b>	ADDRESS
-----------------------------------------	---------------------------------------------	---------------------------------------------------------------------	---------

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Albert Bey*

Licensed Embalmer No..... 5

P. O. Address *Perryville*

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.