

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17239**

FILED MAY 21 1956

**64**

BIRTH NO. _____		REG. DIST. NO. <b>273</b>		PRIMARY REG. DIST. NO. <b>5914</b>		Registrar's No. _____			
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 0790</b>					
b. CITY OR TOWN <b>Rural Brazeau Twp.</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>Rural Brazeau Twp.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b>			b. (Middle)		c. (Last) <b>Weber</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 30, 1956</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 22, 1870</b>		9. AGE (In years last birthday) <b>86</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Perry County, Mo. 0</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Herman Jungclaus</b>			13b. MOTHER'S MAIDEN NAME <b>-----Stueve</b>			14. NAME OF HUSBAND OR WIFE <b>Albert Weber, Dec'd.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Weber Wittenberg, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Arteriosclerosis, General</b>						INTERVAL BETWEEN ONSET AND DEATH <b>7 hours</b> <b>11 years</b> <b>11 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4201</b>						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) (Min.)		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 <b>8-18-1945</b> , to <b>4-30-1956</b> , that I last saw the deceased alive on <b>4-30-1956</b> , and that death occurred at <b>4:37 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Theodore Fischer M.D.</b>				23b. ADDRESS <b>Altenburg, Mo</b>			23c. DATE SIGNED <b>5-1-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 3, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Immanuel Lutheran Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Altenburg, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>5-4-56</b>		REGISTRAR'S SIGNATURE <b>Josef Zeller</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Young &amp; Sons Perryville Mo</b>				

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

(Licensed Embalmer's Statement on Reverse Side)

**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..... *Wallace Young* .....

Licensed Embalmer No. *702*

P. O. Address *Residence*

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.