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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 37471

Registration District No. 93 Primary Registration District No. 5332 Registrar's No. 56-81

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ernest Twp — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8mi N Lockwood — Length of stay in Hospital: hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Dade
c. CITY OR TOWN: Lockwood Mo 290 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Grover Middle: Herman Last: Weiland

4. DATE OF DEATH: Month: nov Day: 28 Year: 1956

5. SEX: M **6. COLOR OR RACE**: W **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Nov 11, 1889 **9. AGE** (In years last birthday): 67 — IF UNDER 1 YEAR: Months: 0 Days: 17 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber **10b. KIND OF BUSINESS OR INDUSTRY**: Barber Shop **11. BIRTHPLACE** (City and state or country): Lockwood Mo **12. CITIZEN OF WHAT COUNTRY?**: usa

13. FATHER'S NAME: Fred Weila nd **14. MOTHER'S MAIDEN NAME**: Christine Beck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 500-36-6774
17. INFORMANT Address: Pearl Weila nd Lockwood Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
INTERVAL BETWEEN ONSET AND DEATH:
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from After Death and last saw her/him alive on
Death occurred at 3:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. R. Allison Coroner **22b. ADDRESS**: Greenfield Mo **22c. DATE SIGNED**: 11-28-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Nov 30, 1956 **23c. NAME OF CEMETERY OR CREMATORY**: Lockwood **23d. LOCATION** (City, town, or county) (State): Lockwood Mo

24. FUNERAL DIRECTOR ADDRESS: W.R.Allison Greenfield Mo.
25. DATE RECD. BY LOCAL REG.: 12-1-56
26. REGISTRAR'S SIGNATURE: J. C. Canada

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. R. Allison.....

Licensed Embalmer No. 4/4

P. O. Address Greenfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.