

Health, Welfare, Police, Fire, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL diseases in Part I must be causally related.

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 12 1957

177 2149  
STATE FILE NUMBER 3026  
Registrar's No. 276

Registration District No. 146 Primary Registration District No. 3026

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence 7005
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 620 1/2 No. Deleware		Length of stay in lb 4 yrs.	d. STREET ADDRESS (If outside, give location) 620 1/2 No. Deleware
3. NAME OF DECEASED (Type or print) First Middle Last JOE WEBER			4. DATE OF DEATH Month Day Year July 1, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 5, 1900
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	11. BIRTHPLACE (City and state or country) Peoria, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME August Weber		13b. MOTHER'S MAIDEN NAME Anna Margaret Rice	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 495-20-0942	17. INFORMANT Miss Louise Weber, Independence, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death by strangulation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hanging DUE TO (c) 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 974X 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self Inflicted	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 7-1-57 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Independence Jackson MO	
21. I attended the deceased from Death occurred at 3:30 P.		and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Hugh A Owens Coroner		22b. ADDRESS 1034 Riatts Bldg	
22c. DATE SIGNED 7-2-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 3, 1957	
23c. NAME OF CEMETERY OR CREMATORY DeSoto Cemetery		23d. LOCATION (City, town, or county) (State) Johnson Co., Kansas	
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 7-3-57	
		26. REGISTRAR'S SIGNATURE James H. Gray	

(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 *Harold E. Madril*

Licensed Embalmer No. *4609*  
P. O. Address *Indep. M.*

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.