

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25862

State File No.

BIRTH NO. REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SACO MO</u>	
c. LENGTH OF STAY (in this place) <u>ONE YEAR</u>		d. STREET ADDRESS (If rural, give location) <u>3020</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>WHITEWAY NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>(NONE)</u> c. (Last) <u>WEBER.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 16 1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNKNOWN</u>	8. DATE OF BIRTH <u>OCT 7 1869</u>	9. AGE (In years last birthday) <u>87</u>	if UNDER 1 YEAR Months <u>9</u> Days <u>9</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>LABOR</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HARRY PRIDDY</u>	ADDRESS <u>SACO, 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, arteria, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <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) (m.)	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 April, 1957, to July 16, 1957, that I last saw the deceased alive on July 16, 1957, and that death occurred at 1:00 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>L. M. Stanfield</u> (Degree or title)	23b. ADDRESS <u>Farmington Mo</u>	23c. DATE SIGNED <u>7/23/57</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-17-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SACO, Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON Co., Mo.</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG <u>July 23, 1957</u>	REGISTRAR'S SIGNATURE <u>Ester Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. V. ADAMSON</u>	ADDRESS <u>FREDERICKTOWN, MO.</u>
--	--	---	-----------------------------------

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

-89-

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.

Signed _____

Raymond Wilson

Signed _____

Student Embalmer

Licensed Embalmer No. *4884*

P. O. Address *Fredrickton me*

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 this body is not embalmed, fact should be so stated above.