

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35356

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 234

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bland</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Francis Hosp</u> Length of stay in lb <u>2-wks</u>		d. STREET ADDRESS (If outside, give location) <u>0310</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Webster</u> Last <u>Weber</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>23</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb-10-1888</u>
9. AGE (In years) <u>69</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during of working life, even if retired) <u>Merchant</u>	
11. KIND OF BUSINESS OR INDUSTRY <u>Retail</u>		12. BIRTHPLACE (City and state or country) <u>Schwabach - Austria</u>	
13a. FATHER'S NAME <u>Michel Weber</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine BITTO</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret (Putz) Weber</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>488-38-0875</u>		17. INFORMANT Address <u>Mrs Margaret Weber Bland, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchiogenic Carcinoma - Left Lung</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>162X</u>			19. INTERVAL BETWEEN ONSET AND DEATH <u>5 mos.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from <u>5-28-57</u> to <u>10-23-57</u> and last saw him alive on <u>10-22-57</u> Death occurred at <u>9:30</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paula Bruner, M.D.</u> (Degree or title)		22b. ADDRESS <u>Quincyville, Mo.</u>	
22c. DATE SIGNED <u>10-25-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-26-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bland - Missouri</u>	
24. FUNERAL DIRECTOR <u>Chertie Sasser, Bland, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10/26/57</u>	
26. REGISTRAR'S SIGNATURE <u>J.P. Sudman</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 6 1957

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 *Chester Larman*

Licensed Embalmer No. *4178*

P. O. Address *Blair, Mo.*

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.