

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-020807
 State File No.

FILED JUL 1 1959

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-MERAMEC</u> c. LENGTH OF STAY (in this place) <u>5 YRS.</u>		c. CITY OR TOWN <u>RURAL-MERAMEC</u> 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 INSTITUTIONS <u>SMI. W. STEELVILLE, MO.</u>		e. STREET ADDRESS (If rural, give location) <u>028th ST. SMI. W. STEELVILLE, MO.</u>	

3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>WEBER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 18 1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 31-1871</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MARIES COUNTY, MO.</u>	
13a. FATHER'S NAME <u>GEORGE F. WEBER</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY SEWEL</u>		14. NAME OF HUSBAND OR WIFE <u>MATTIE WEBER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN WEBER - STEELVILLE, MO.</u> ADDRESS _____	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u>		<u>15 years</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? 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) <u>4221</u>	
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 June 1, 1950, to June 18, 1959, that I last saw the deceased alive on May 26, 1959, and that death occurred at 6:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Kennyon Latham M.D.</u> (Degree or title)		23b. ADDRESS <u>California, MO</u>		23c. DATE SIGNED <u>6-23-59</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-20-1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. CARNEY CEMETERY</u>	
DATE REC'D BY LOCAL REG. <u>6/29/59</u>		REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichner</u>		24d. LOCATION (City, town, or county) (State) <u>WACLEDGE COUNTY - MO.</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas S. Halbur</u>		ADDRESS <u>STEELVILLE, MO.</u>	

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

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 *Thomas S. Galber*.....

Licensed Embalmer No. *4332*.....

P. O. Address *Steubenville*.....

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.