RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960 042 — 1000 — 286 — -60-005281

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____ STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY: Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 5 years	c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wilson Nursing Home 611 N. 11th St. — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 4104 St. Joseph Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
BENJAMIN	FRANKLIN	WEESE	March 1, 1960

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.
male	white		10/8/1864	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Retired farmer	farm	Andrew County, Mo.	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Anderson Weese	Cynthia Cates	Maggie Weese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
no ----	none	Mrs. John Fobair, 4104 St. Joseph Ave. St. Joseph, 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): Cerebral Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): General Arteriosclerosis

DUE TO (c): ____

INTERVAL BETWEEN ONSET AND DEATH: 9 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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
10 a.m.	2-23-60

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
	6 1/2 Mi. N	St. Joseph	Buchanan	Mo

21. I attended the deceased from 2-23-60, to March 1, 1960 and last saw him alive on 2-23-60

Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
S.B. Meluney M.D.	St. Joseph Missouri	3-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
burial	3/3/1960	Union Chapel Cemetery	DeKalb County Missouri

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Heaton-Bowman, St. Joseph, Mo.	Mar. 7, 1960	Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF S.B. Meluney M.D. (LOCAL) CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Milton Spalding

Signature of Student Embalmer

Licensed Embalmer No. 45-35

P. O. Address St Joseph

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