

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010367
STATE FILE NUMBER

FILED VS. APR. 4 1960

77 Primary Registration District No. 3016 Registrar's No. 119

UNDEED

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City | Length of stay in 1b lifetime | c. CITY OR TOWN Jefferson City | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (if outside, give location) 223 W. Dunklin St |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First FRANCES Middle ANN Last WEISER | | | 4. DATE OF DEATH Month March Day 28th Year 1960 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH July 10th 1907 | 9. AGE (last birthday) 53 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Check Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Grocery Store | 11. BIRTHPLACE (City and state or country) Jefferson City, Mo. | 12. CITIZEN OF WHAT COUNTRY USA | |

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| 13a. FATHER'S NAME John Weiser | 13b. MOTHER'S MAIDEN NAME Frances Neutzler | 14. NAME OF HUSBAND OR WIFE Never married |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 490-09-6182 | 17. INFORMANT Mrs. Elizabeth Schwab Address 3414 Midway St. Louis, Mo. |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH 8 months |
| IMMEDIATE CAUSE (a) No definite Disease | DUE TO (b) | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (c) | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 <input type="checkbox"/> Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 COUNTY STATE |

21. I attended the deceased from **8/18/59** to **3/28/60** and last saw her ^{her} _{him} alive on **3/28/60**
Death occurred at **8:15 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE John D. Hawthorn MD (Degree or title) | 22b. ADDRESS 302 Bolivar Jefferson City | 22c. DATE SIGNED 3/30/60 (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE March 31 1960 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery |
| | | 23d. LOCATION (City, town, or county) Jefferson City, Mo. |

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| 24. FUNERAL DIRECTOR Tanner Service Jefferson City, Mo. | 25. DATE RECD. BY LOCAL REG. 2 April 1960 | 26. REGISTRAR'S SIGNATURE R.P. Davis, MD - Richter Sp. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NIS
APR 5
1960

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 _____
Signature of Student Embalmer

Signed Donald J. Green

Licensed Embalmer No. 4628

P. O. Address Almo

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