

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000547

FILED VS JAN 3 0 1961

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Registration District No. Primary Registration District No. 3010 Registrar's No. 41

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY		Cape Girardeau		a. STATE		Missouri			
b. CITY (If outside corporate limits, give TOWNSHIP only)		Cape Girardeau		b. COUNTY		Cape Girardeau			
OR TOWN		Cape Girardeau		c. CITY OR TOWN		Cape Girardeau			
c. FULL NAME OF (If NOT in hospital, give location)		St. Francis Hospital		d. STREET ADDRESS		24 South Sprigg Street			
Length of stay in 1b		20 years		Inside Limits		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Inside Limits		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			First			Middle			
JOSEPH			L.			WEBER			
Last			4. DATE OF DEATH			Month			
			January			24, 1961			
5. SEX			6. COLOR OR RACE			7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/>			
Male			White			Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
8. DATE OF BIRTH			9. AGE (last birthday)			IF UNDER 1 YEAR			
11/25/1897			63			Months			
						Days			
						Hours			
						Min.			
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)			
Farmer			Rented Farm			Benton, Missouri			
12. CITIZEN OF WHAT COUNTRY			13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			
U. S.			August Weber			Gertrude Schaefer			
14. NAME OF HUSBAND OR WIFE			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.			
Caroline S. Weber			No						
17. INFORMANT			17. INFORMANT			Address			
Mrs. Joseph L. Weber			Cape Gir., Mo.						
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	
IMMEDIATE CAUSE (a)								2 hours	
DUE TO (b)								5 years	
DUE TO (c)									
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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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		Month, Day, Year					
a.m.									
p.m.									
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		10-29-55		to		1-24-61		and last saw him alive on	
Death occurred at		7 P. M.		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	
Charles F. Wilson, M.D.				Cape girardeau, Mo.				1-28-61	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Burial		Jan. 27, 1961		St. Marys Cemetery		Cape Girardeau, Missouri			
24. FUNERAL DIRECTOR			ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
Walther's Funeral Home			Cape Gir., Mo.			1-28-61		Irene Koster	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

FEB 15 1961

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 William H. Gunn, Student Embalmer No. 616

working under my personal supervision.

Student William H. Gunn
Signature of Student Embalmer

Signed Virgil K. Melch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau,

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.