MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000100
STATE FILE NUMBER

AMENDED

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 2

FILED JAN 23 1962

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia — Length of stay in 1b Many years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 611 West Park — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Vandalia — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 611 West park — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: George Harry Washington Weir
4. DATE OF DEATH Month Day Year: January 11, 1962
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-30-1876
9. AGE (last birthday): 85 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Brick Wheeler
11. BIRTHPLACE (City and state or country): Slead, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Davie Weir
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Maggie Weir
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Arrabella Bishop, Vandalia, Mo.

MEDICAL CERTIFICATION

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)	Fulminating Pneumonia	72 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Influenza	1 wk
DUE TO (c)	Mal nutrition	1 yr.

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
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

21. I attended the deceased from 1-11-62, to 1-11-62 and last saw him alive on 1-11-62
Death occurred at 8. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Anthony Ziegler Jr. M.D
22b. ADDRESS: Vandalia, Mo.
22c. DATE SIGNED: 1-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-14-62
23c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery
23d. LOCATION (City, town, or county) (State): Vandalia, Missouri

24. FUNERAL DIRECTOR ADDRESS: William Shuster, Vandalia, Mo
25. DATE RECD. BY LOCAL REG.: January 17, 1962
26. REGISTRAR'S SIGNATURE: Mallie Fugate

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed William Bhaten

Licensed Embalmer No. 4169

P. O. Address Vandalia, Missou

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.