

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007611
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 41

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 12 1963

1. PLACE OF DEATH
a. COUNTY MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tenmile Township Length of stay in 1b _____
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shelby
c. CITY OR TOWN LEONARD Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

3. NAME OF DECEASED (Type or print) First Middle Last Lester Noble Weber
4. DATE OF DEATH Month Day Year 2-27-1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-15-1920 9. AGE (last birthday) 42
IF UNDER 1 YEAR Months Days Hours Min. 8 12 - -
IF UNDER 24 HR Hours Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Work 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Knox Co. Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Pearl Weber 13b. MOTHER'S MAIDEN NAME Lena Petre 14. NAME OF HUSBAND OR WIFE Arlene Echternacht
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. _____ 17. INFORMANT Address 099 Arlene E. Weber - Leonard Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)
IMMEDIATE CAUSE (a) Coronary Atherosclerosis INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. 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 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 DOA to 2-27-63 and last saw her/him alive on _____
Death occurred at 11:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. L. Woodward (Degree or title) 22b. ADDRESS Atlanta Mo 22c. DATE SIGNED 2-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 3-1-1963 23c. NAME OF CEMETERY OR CREMATORY Mt. Tabor 23d. LOCATION (City, town, or county) (State) Atlanta Missouri

24. FUNERAL DIRECTOR ADDRESS Theo H. Gooding - Atlanta, Mo 25. DATE RECD. BY LOCAL REG. 3-5-63 26. REGISTRAR'S SIGNATURE Keith M. Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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2-18

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 Geo H Goodling

Licensed Embalmer No. 3982

P. O. Address Atlanta, Mo.

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.