MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-014803

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 34

FILED APR 16 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

8030
3440 1
3
4 1
5 2
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7 0
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94201
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12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fairfax — Length of stay in 1b: Few min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Community Hospital — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First DOLLIE — Middle GERTRUDE — Last WEIS

4. DATE OF DEATH: Month April — Day 5, — Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH:

9. AGE (last birthday): 76.

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Oregon, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Richard Hahn

13b. MOTHER'S MAIDEN NAME: Carrie Adams

14. NAME OF HUSBAND OR WIFE: Fred Weis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.:

17. INFORMANT: Eldon Weis, Oregon, Missouri — Address

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)	Cerebral Anoxia	4 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary Edema	10 min
DUE TO (c)	Myocardial Infarction	1 day

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

MEDICAL CERTIFICATION

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 July 1952 to April 5, 1963 and last saw her/him alive on April 5, 1963

Death occurred at 10 30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): James Humphrey M.D.

22b. ADDRESS: Mound City, Missouri

22c. DATE SIGNED: 4/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/7/63

23c. NAME OF CEMETERY OR CREMATORY: Oregon Cemetery

23d. LOCATION (City, town, or county) (State): Oregon, Missouri

24. FUNERAL DIRECTOR: James H. Pettigrew — ADDRESS: Oregon, Mo.

25. DATE RECD. BY LOCAL REG.: April 9, 1963

26. REGISTRAR'S SIGNATURE: Marvin W. Schooler

(Licensed Embalmer's Statement on Reverse Side)

JUL 15 1963

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 James H Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.