

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048937

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 273 Primary Registration District No. 5914 Registrar's No. 185

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 7 1964

<p>1. PLACE OF DEATH</p> <p>a. COUNTY Perry</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brazeau TWP Length of stay in 1b Transient</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mi. East Altenburg Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo b. COUNTY Perry</p> <p>c. CITY OR TOWN Perryville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 1040 Pershing Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>						
<p>3. NAME OF DECEASED (Type or print) First Lloyd Middle A Last Weber</p>		<p>4. DATE OF DEATH Month December Day 28 Year 1963</p>						
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 10-15-42</p>	<p>9. AGE (last birthday) 21</p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker</p>	<p>10b. KIND OF BUSINESS OR INDUSTRY International Sh. Perry County, Mo.</p>	<p>11. BIRTHPLACE (City and state or country) USA</p>	<p>12. CITIZEN OF WHAT COUNTRY USA</p>
<p>13a. FATHER'S NAME Alfred Weber</p>		<p>13b. MOTHER'S MAIDEN NAME Ada Schoen</p>		<p>14. NAME OF HUSBAND OR WIFE</p>				
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)</p>		<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT Alfred Weber Perryville, Mo. Address</p>				
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) fractured skull (fatal)</p> <p style="text-align: center;">DUE TO (b) multiple fracture</p> <p style="text-align: center;">DUE TO (c) blow to head car</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Colonar of Perry County, Mo</p>						<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Thrown from car overturned on body</p>						
<p>20c. TIME OF INJURY Hour 7:05 p.m. Month, Day, Year 12 28 63</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RTA A East of ALT. in Perry MO</p>							
<p>21. I attended the deceased from Coroner of Perry County, Mo and last saw her/him alive on Coronar of Perry County, Mo</p> <p>Death occurred at 7:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>								
<p>21a. SIGNATURE <i>[Signature]</i> (Degree or title) Coronar of Perry County, Mo</p>		<p>21b. ADDRESS Perryville Mo</p>		<p>21c. DATE SIGNED 12-29-63</p>				
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE 12-31-1963</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran</p>	<p>23d. LOCATION (City, town, or county) (State) Perryville, Missouri</p>					
<p>24. FUNERAL DIRECTOR Young & Sons Perryville Mo ADDRESS</p>		<p>25. DATE RECD. BY LOCAL REG. 12-31-63</p>	<p>26. REGISTRAR'S SIGNATURE <i>[Signature]</i></p>					

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1	0790
2	0795
3	2
4	0
5	0
6	
7	0
8	2
9	X
10	
11	079
12	91-3
13	10

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.