

FILED DEC 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44056

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 426

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cantwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cantwell	
c. LENGTH OF STAY (In this place) 25yrs		d. STREET ADDRESS (If rural, give location) 0 940 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cantwell			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Clifford c. (Last) Weible			4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 21, 1891		9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Month 4 Day 14 IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Oper.		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead Co.	11. BIRTHPLACE (State or foreign country) Black River, Mo.		12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME William Weible		13b. MOTHER'S MAIDEN NAME Elizabeth Moses		14. NAME OF HUSBAND OR WIFE Lola Weible	
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lola Weible Cantwell, Mo.			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumo-pneumonia		DUPLICATE			2d
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			acute & central regurg
		DUE TO (b)			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			Branchial Asthma, bronchiectasis 15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May, 1952, to Dec 5, 1953, that I last saw the deceased alive on 12-4, 1953, and that death occurred at 5:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. O. Gable, M.D.		23b. ADDRESS Desloge Mo		23c. DATE SIGNED 12-10-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/7/53	24c. NAME OF CEMETERY OR CREMATORY Herod Cemetery	24d. LOCATION (City, town, or county) (State) Cantwell, Mo.		
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DATE REC'D BY LOCAL REG. Dec. 10, 1953	REGISTRAR'S SIGNATURE Ether Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Z. Boyer & Son Desloge, Mo.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

940

JAN 12 1954

JAN 29 1954

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
Student Embalmer

Signed *B. T. Boyer*

Licensed Embalmer No. *3660*

P. O. Address *Verde, 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 this body is not embalmed, fact should be so stated above.