

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 339

DO NOT WRITE ON THIS STUB

9. 0
10a. 84
10b. 40940
11. 0
12. 1
13. 4330
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/70

40940

5. 90

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED; IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0940

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Henry August Weiss		2. M	3. July 12, 1970	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (I SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White	5a. 84	5b.	5c.	6. 1886 Jan. 21, 70. St Francois
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS SPECIFY YES OR NO	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7a. Rivermines, Mo		7c. Yes	7d. 409 Dettmer St.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. U.S.A.	10. Married	11. Maude Highbee Weiss
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY
12. 493-03-9529		13a. Miner		13b. Mimer
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Mo.	14b. St. Fran.	14c. Rivermines, Mo	14d. Yes	14e. 409 Dettmer St.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Henry Weiss		16. Jonasky Clara Weiss		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs Maude Weiss		17b. 409 Dettmer St Rivermines, Mo 63601		
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a) <i>Cerebral thrombosis</i>				<i>1 hr</i>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) <i>+ arterial hypertension</i>		<i>6 yr</i>
		(c)		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.		20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.	20f.	20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	TO	MONTH DAY YEAR
21a. <i>June 1962</i>		21b. <i>May 27 1970</i>	21c. <i>May 27 1970</i>	21d.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.		22b. <i>July 12 1970</i>	22c. <i>6:30 A</i>	22d. <i>6:30 A</i>
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. <i>U.L. FOSTER</i>		23b. <i>U.L. Foster</i>	23c. <i>MD</i>	23d. <i>7/13/70</i>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO. CITY OR TOWN		STATE
23a. <i>112 SLOSE MO</i>		23b. <i>1206 North Main, Desloge</i>		23c. <i>MO</i>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE		
24a. <i>Burial</i>	24b. <i>Pendelton, Mo.</i>	24c. <i>Doe Run, Missouri</i>		
DATE	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. <i>July 14, 1970</i>	24e. <i>Caldwell & Sons Flat River, Mo.</i>			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25a. <i>Wale Caldwell</i>	25b. <i>Gather Mathew</i>	25c. <i>July 13, 1970</i>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat B, Miami, Fla.

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.