URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-028045

FILED VS AUG 9 1960 316 Registration District No. — Primary Registration District No. 308 Registrar's No. STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Francois Twp.
Length of stay in 1b: 2 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Thomas Dell Nursing Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY St.Francois
c. CITY OR TOWN Farmington
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 719 S. Washington
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARY Middle USEBA Last WEISS

4. DATE OF DEATH: Month August Day 2, Year 1960

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: June 18, 1875

9. AGE (last birthday): 85

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): at home

10b. KIND OF BUSINESS OR INDUSTRY: own home

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

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jessie Singleton

13b. MOTHER'S MAIDEN NAME: Sarah Hunter

14. NAME OF HUSBAND OR WIFE: George Weiss

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.: none

17. INFORMANT Address: Mrs Jewell Mullins, Farmington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Cholecystitis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
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 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 10, 1960 to Aug 2, 1960 and last saw him alive on July 30, 1960
Death occurred at 10:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] — 22b. ADDRESS Farmington Mo — 22c. DATE SIGNED 8/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8/4/60
23c. NAME OF CEMETERY OR CREMATORY: Graniteview Cemetery
23d. LOCATION (City, town, or county) (State): Roselle, Missouri

24. FUNERAL DIRECTOR: White Funeral Home, ADDRESS Ironton, Mo.
25. DATE RECD. BY LOCAL REG.: Aug 4, 1960
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

' hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

work:ng under my persona: supervision.

Student_____
Signatur of Student Embalmer

Signed _____

Licensed Embalmer No. 42957

P. O Address _____

Note· The above MUST BE SIGNED BY THE 'ICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
with the above constitutes grounds for revocation of 'icense).

If embalmed by a STUDENT, he also shall sign in his OWN handw iting.

If this body is not embalmed, fact should be so stated above.