No. 300
10.48
HW 17
N. R?

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6799

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1288

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis, Mo.
c. LENGTH OF STAY (In this place) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elsberry 57 1
d. STREET ADDRESS (If rural, give location) 10

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) T. c. (Last) Weeks
4. DATE OF DEATH (Month) (Day) (Year) 2-7-49
5. SEX M
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-27-1869
9. AGE (In years last birthday) 79 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Weeks
13b. MOTHER'S MAIDEN NAME Elmira Wilson
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Russell Moyer Elsberry, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pyelonephritis c Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Kidney Infarction

DUE TO (c) Renal Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-14, 1948 *to* 2-7, 1949, *that I last saw the deceased alive on* 2-7, 1949, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. W. Cannon
23b. ADDRESS University Club Bldg.
23c. DATE SIGNED 2-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 2-11-49
24c. NAME OF CEMETERY OR CREMATORY —
24d. LOCATION (City, town, or county) (State) Elsberry, Mo

DATE REC'D BY LOCAL REG. 2-10-49
REGISTRAR'S SIGNATURE J. B. Sasaler
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifton Miller, Elsberry, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.