

FILED MAY 2 1949

STANDARD CERTIFICATE OF DEATH

State File No.

11953

Registrar's No. 2527

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

BIRTH NO.		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5392		Registrar's No. 2527	
1. PLACE OF DEATH a. COUNTY DENT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DENT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LENOX		c. LENGTH OF STAY (in this place) 5 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LENOX		33	
d. FULL NAME OF HOSPITAL OR INSTITUTION LENOX, MO				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE A. b. (Middle) c. (Last) WEAVER			4. DATE OF DEATH (Month) (Day) (Year) APR 13 1949				
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT 7 1866	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) TENN 1		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN WEAVER		13b. MOTHER'S MAIDEN NAME WINNIE PRICE		14. NAME OF HUSBAND OR WIFE MATILDA JANE			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS DAN DARTON, MO LENOX, MO			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1945, 19, to 4-13, 1949, that I last saw the deceased alive on 1-7-49, and that death occurred at 8:25 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. D. ... D.D. 2				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 4-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/15/49	24c. NAME OF CEMETERY OR CREMATORY VINITA, OKLA.		24d. LOCATION (City, town, or county) (State) VINITA, OKLA		
DATE REC'D BY LOCAL REG. 4/15/49		REGISTRAR'S SIGNATURE M.M. Hart M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Carl F. Spence		ADDRESS SALEM, MO	

RECEIVED

District Health Officer No. 5,

File Number 449296

Date Filed 4-23-49

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,

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm. W. McLean

Licensed Embalmer No. 3806

P. O. Address Salem, 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.