

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13227

BIRTH NO. _____		REG. DIST. NO. 285		PRIMARY REG. DIST. NO. 5868		Registrar's No. 7			
1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Oregon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree - Black ⁷ / ₁₇ years			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree						
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) Daniel		c. (Last) Weaver		4. DATE OF DEATH (Month) (Day) (Year) March 2, 1949		
5. SEX M 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 19, 1859		9. AGE (In years last birthday) 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Shannon Co. Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Samuel Weaver			13b. MOTHER'S MAIDEN NAME Malinda Jackson			14. NAME OF HUSBAND OR WIFE Susan Weaver			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Ed L. Weaver Rt 3 Birch Tree, Mo				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cancer						ADDITIONAL INFORMATION REQUESTED	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____ DUE TO (c) _____							
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) m.		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 1944 to March 2, 1949, that I last saw the deceased alive on Feb 27, 1949, and that death occurred at 12:05 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. L. Davis M.D.				23b. ADDRESS Birch Tree Mo			23c. DATE SIGNED 3/12-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-4-49		24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) Birch Tree, Mo.			
DATE REC'D BY LOCAL REG. apr 11 - 49		REGISTRAR'S SIGNATURE Mrs W Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 21 1950

District Health Officer No. 5,

District File Number 449257

Date Filed 4-12-49

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed Joe B. Duncan
Licensed Embalmer No. 4325

P. O. Address W. View, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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