

State File No. \_\_\_\_\_

FILED JUL 14 1949

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>207</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> c. LENGTH OF STAY (In this place) <u>1</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>519 W. 4th</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> d. STREET ADDRESS (If rural, give location) <u>519 W. 4th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Culver</u> b. (Middle) <u>C.</u> c. (Last) <u>Weakley</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 3 - 1874</u>	
9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>		10. IF UNDER 24 HRS. Hours <u>1</u> Min. <u>4</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Samuel Weakley</u>			
14. MOTHER'S MAIDEN NAME <u>Sarah Miller</u>				15. NAME OF HUSBAND OR WIFE <u>Addie V.</u>			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				17. SOCIAL SECURITY NO. _____			
18. INFORMANT'S SIGNATURE OR NAME <u>Mrs Addie Weakley</u>				19. ADDRESS <u>Sedalia</u>			
20. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				21. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u> ANTECEDENT CAUSES Morbidity 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.			
22. DATE OF OPERATION <u>June 24 1949</u>				23. MAJOR FINDINGS OF OPERATION _____			
24. DATE OF AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				25. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				27. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
28. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____				29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
30. HOW DID INJURY OCCUR? _____				31. I hereby certify that I attended the deceased from <u>June 11, 1949</u> , to <u>June 24, 1949</u> , that I last saw the deceased alive on <u>June 24, 1949</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.			
32. SIGNATURE (Type or Print) <u>Chas. Sonlar Laughlin</u>				33. ADDRESS <u>Sedalia Missouri</u>			
34. DATE SIGNED <u>June 25 - 49</u>				35. NAME OF CEMETERY OR CREMATORY <u>Clinton cemetery</u>			
36. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>				37. DATE REC'D BY LOCAL REG. <u>6-27-49</u>			
38. REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>				39. FUNERAL DIRECTOR'S SIGNATURE <u>M. C. Laughlin Bros</u>			
40. ADDRESS <u>Sedalia</u>				41. (Licensed Embalmer's Statement on Reverse Side)			

(Licensed Embalmer's Statement on Reverse Side)

**WRITE PLAINLY---USING UNFADING BLACK INK---MAKE A PERMANENT RECORD**

JUL 5  
RECEIVED  
District Health Officer Ha. D.  
District File Number  
Date Filed 7-13-49

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed

*K. P. M. Lary*

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.