THE DIVISION OF HEALTH OF MISSOURI

FILED OCT 18 1949 STANDARD CERTIFICATE OF DEATH

State File No. 34670

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5932 Registrar's No. 337

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. COUNTY Pettis	a. STATE Missouri b. COUNTY Pettis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte (Rural) c. LENGTH OF STAY (in this place) 2 Mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte (Rural) #1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) Frances	b. (Middle) Stirlen	c. (Last) Weathers	4. DATE OF DEATH (Month) 10 (Day) 5 (Year) 1949

| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 31 1891 | 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months 2 Days 5 IF UNDER 24 HRS. Hours Min. |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) LaMonte Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| 13a. FATHER'S NAME Benjamin Stirlen | 13b. MOTHER'S MAIDEN NAME Mary Dawes | 14. NAME OF HUSBAND OR WIFE Frank Weathers |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Frank Weathers   ADDRESS LaMonte Mo. |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH
*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) Carcinoma of Colon	18 mo.
	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.	153X

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) Lamonte (COUNTY) Pettis (STATE) Mo
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 June 1, 1948, to Oct 5, 1949, that I last saw the deceased alive on Oct 5, 1949, and that death occurred at 6 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. W. ___ M.D.	23b. ADDRESS Knobnoster Mo.	23c. DATE SIGNED Oct 6-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-7-49	24c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery	24d. LOCATION (City, town, or county) LaMonte Mo. (State)

DATE REC'D BY LOCAL REG. 10-7-49	REGISTRAR'S SIGNATURE Betty Yeager deputy 251	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Moore ADDRESS La Monte Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Student ....
        Student Embalmer

Signed.....Paul M. Moore........

Licensed Embalmer No. 3923........

P. O. Address....La Monte Mo.

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.