No. 300
10.48

FILED DEC 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41876

State File No.

BIRTH NO. REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 36

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1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STELLA
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CARDWELL Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEWTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STARK City
d. STREET ADDRESS (If rural, give location):

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3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): H.
c. (Last): WEEMS

4. DATE OF DEATH (Month) (Day) (Year): Nov. 2. 1949

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG. 3 1874
9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months: 2 Days: 29
IF UNDER 24 HRS.: Hours: Min.:

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

13a. FATHER'S NAME: JONAH WEEMS
13b. MOTHER'S MAIDEN NAME: MARY POWERS
14. NAME OF HUSBAND OR WIFE: MARTHA WEEM.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 495-07-5813
17. INFORMANT'S SIGNATURE OR NAME: Martha Weem
ADDRESS: Stark City 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: 2 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.

4202

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* 9-1-, 1949, *to* 11-2-, 1949, *that I last saw the deceased alive on* 11-2-, 1949, *and that death occurred at* 11:35 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Cardwell, M.D.
23b. ADDRESS: Stella, Mo.
23c. DATE SIGNED: 12-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-5-1949
24c. NAME OF CEMETERY OR CREMATORY: NEWTONIA I.O.O.F.
24d. LOCATION (City, town, or county) (State): NEWTONIA MISSOURI

DATE REC'D BY LOCAL REG.: 12-16 1949
REGISTRAR'S SIGNATURE: Wylia Dyer 369
25. FUNERAL DIRECTOR'S SIGNATURE: Carley Thompson
ADDRESS: Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 1247-237

Date Filed DEC 21 1949

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 Barley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.