

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43547

State File No. ....

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>365</u>		PRIMARY REG. DIST. NO. <u>6238</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belgrade</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belgrade</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minerva</u>		b. (Middle) <u>Mildred</u>		c. (Last) <u>Weeks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20 1949</u>	
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED, (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Mar. 4 1855</u>	9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Caledonia Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Wright</u>		13b. MOTHER'S MAIDEN NAME <u>unknown Helvey</u>		14. NAME OF HUSBAND OR WIFE <u>Gideon Weeks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ivory Weeks, Belgrade Mo.</u>			
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) <u>Chronic myo carditis</u>  ANTECEDENT CAUSES <u>arterio-sclerosis</u> 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. <u>221</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>12-19</u> , 19 <u>49</u> , to <u>12-20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>49</u> , and that death occurred at <u>11:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph L. Pherman, M.D.</u>				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>12-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian</u>		24d. LOCATION (City, town, or county) (State) <u>Caledonia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-20-49</u>		REGISTRAR'S SIGNATURE <u>Ella S White</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Ironton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-28-49

District Health Officer No. 4

District File Number 1249-1708

Date Filed

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 Ansel J. White

Licensed Embalmer No. 3012

P. O. Address Denton, Miss.

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.