

FILED JUL 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24419

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>289</u>		PRIMARY REG. DIST. NO. <u>6028</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: indicate before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Lesterville Twp. 11th</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lesterville</u>		0901	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1/2 mi. east of Lesterville</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Ellendar</u> c. (Last) <u>Weeks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29 1950</u>				
5. SEX <u>fem</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Jan. 21 1875</u>	
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>5</u>		11. YEARS <u>8</u>		12. HOURS <u>0</u> MIN. _____	
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 <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Lesterville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Harrison Weeks</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Sutherland</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mont Lee, Lesterville Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Insufficiency</u>		ANTECEDENT CAUSES					H/DX
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia</u>					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) _____		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>Jan 11, 1950</u> , to <u>June 29 1950</u> , that I last saw the deceased alive on <u>June 25, 1950</u> , and that death occurred at <u>7.00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. M. White</u>				23b. ADDRESS <u>Lesterville Mo.</u>		23c. DATE SIGNED <u>7/13/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Private (Mills Farm)</u>		24d. LOCATION (City, town, or county) (State) <u>Lesterville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 10, 50</u>		REGISTRAR'S SIGNATURE <u>E. M. White</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo</u>			

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

0900
1

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 15 1950
District Health Office No. 6,
District File Number _____
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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Arnel J. White

Licensed Embalmer No. 3017

P. O. Address Grater Road

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.