No. 300
10-48

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27580

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 8045 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (in this place): all life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 402 Cleveland St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston 0672
d. STREET ADDRESS (If rural, give location): 402 Cleveland St., 0

3. NAME OF DECEASED (Type or Print)
a. (First): Archie
b. (Middle): James
c. (Last): Weaver

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept. 22, 1899
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Last job was deck hand on Boat
11. BIRTHPLACE (State or foreign country): State of Kentucky 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: No refcord
13b. MOTHER'S MAIDEN NAME: No record
14. NAME OF HUSBAND OR WIFE: Mrs Irene Weaver,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Herschel Weaver, Charleston, 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): Self-inflicted Gunshot wound in region of heart. (410 ga. Shotgun)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): _____
DUE TO (c): Had been despondent and had been heard to say that he was tired of living and that his family "could read all about it in the newspaper"

INTERVAL BETWEEN ONSET AND DEATH: 8776X

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Charleston, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7/25/50 11:45 AM m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Suicide

22. *I hereby certify that I attended the deceased from* AS CORONER ONLY, *19___, that I last saw the deceased alive on* _____, *19___, and that death occurred at* 11:45 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Nunnelee Jr. Coroner
23b. ADDRESS: Charleston, Mo
23c. DATE SIGNED: 7/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 7/27/50
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Mo

DATE REC'D BY LOCAL REG.: Sept. 3, 1950
REGISTRAR'S SIGNATURE: Mrs. Lee Kilgore 439
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: THE NUNNELEE FUNERAL CHAPEL, Charleston, Mo
By Edward E. Nunnelee

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 7 - REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed SEP 8 1950

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 Edward E. Newmeller

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.