

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12427
Registrar's No. 20

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 4231

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>City</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>408 N. Euclid</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bryan</u> b. (Middle) <u>(none)</u> c. (Last) <u>Weaver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 24-1951</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 12-1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cab Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>46</u>
13a. FATHER'S NAME <u>Hez Weaver</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret McClellan</u>	11. BIRTHPLACE (State or foreign country) <u>Shannon Co. Missouri</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	12. CITIZEN OF WHAT COUNTRY? <u>USA</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Anasaka</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable cancer liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Just saw him about 15 min. after death</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>156 A</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:15</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Weir</u>		23b. ADDRESS <u>Mountain View MO</u>	
23c. DATE SIGNED <u>4-28-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-27-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Arrol</u>		24d. LOCATION (City, town, or county) (State) <u>Arrol, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-28-51</u>		REGISTRAR'S SIGNATURE <u>Louisa Mitchell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral home</u>		ADDRESS <u>Mountain View, MO</u>	

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 2 1951

Dist. File _____

Date Filed _____

DEC 7 1951

JUN 29 1951

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 2 1951

Dist. File 2-3-1-928

Date Filed 2-2-51

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Joe P. Duncan

Licensed Embalmer No. 4325

P. O. Address Mt View, 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.