

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17273

State File No.

BIRTH NO.		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5757</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Spring Creek</u>		c. LENGTH OF STAY (in this place) <u>Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Spring Creek twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3 Rolla</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 3 Rolla</u>				d. STREET ADDRESS (If rural, give location) <u>Route 3 Rolla</u>			
3. NAME OF DECEASED (Type or Print) <u>ANNIE</u>		a. (First)		b. (Middle) <u>WEAVER</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1951</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Oct. 10, 1870</u>	
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>7</u>		11. DAYS <u>21</u>		12. IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maries Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>William Weaver</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Todd</u>		14. NAME OF HUSBAND OR WIFE <u>William Stroup</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jack Stroup Rt. 3 Rolla</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Terminal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Degenerative Vessel Changes</u>		6 mo. Unknown					
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 <u>4341</u>					
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) (Min.)		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 <u>24 May 1951</u> to <u>29 May 1951</u> , that I last saw the deceased alive on <u>29 May 1951</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Gray V. Everett MD</u>		23b. ADDRESS <u>Rolla, Mo</u>		23c. DATE SIGNED <u>1 June 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Davis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maries Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-5-51</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Noll</u>		ADDRESS <u>Rolla, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

6630
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RECEIVED

JUN 12 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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 _____

Paul E. Null

Signed _____
Student Embalmer

Licensed Embalmer No. *4498*

P. O. Address *Rolla, 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.