

FILED JUL 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25866**

BIRTH NO. **333** REG. DIST. NO. **3074** PRIMARY REG. DIST. NO. **3074** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jaywee	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		4. DATE OF DEATH (Month) (Day) (Year) 1-23-51	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Edith	b. (Middle) Marie	c. (Last) Weaver			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH 12-17-50	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Jaywee, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Albert Weaver	13b. MOTHER'S MAIDEN NAME Edith Friedls	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME Father, Albert Weaver
		ADDRESS

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		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis		
	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 7620	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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

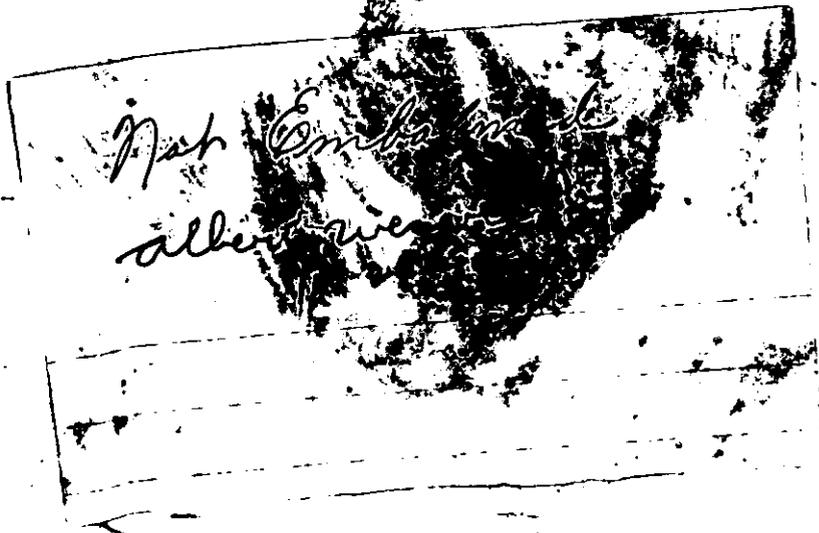
22. I hereby certify that I attended the deceased from **1-23, 1951**, to **1-23, 1951**, that I last saw the deceased alive on **1-23, 1951**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Louise C. McClure MD	(Degree or title)	23b. ADDRESS Sikeston, MO	23c. DATE SIGNED 2-2-51
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE JAN 23, 1951	24c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE CEMETARY	24d. LOCATION (City, town, or county) (State) Portageville, Missouri
DATE REC'D BY LOCAL REG July 12 51	REGISTRAR'S SIGNATURE Wm. Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Albert Weaver	ADDRESS NEW J.Y. Missouri

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

RECEIVED JUL 16 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 751-14



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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.