

FILED SEP 29 1951

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29787

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 92

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Holmes</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Excelsior Springs</u> (township) <u>STAY</u> (in this place) c. LENGTH OF <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Barrs Mills</u> <u>8340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCleary Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>Walnut Creek Township</u> <u>6</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>KATIE</u> b. (Middle) c. (Last) <u>WEAVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1951</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 3, 1881</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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 <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u> /		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Ben P. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Schrock</u>		14. NAME OF HUSBAND OR WIFE <u>John W. Weaver</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>John W. Weaver, Barrs Mills, Ohio</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.— DUE TO (b) <u>Coronary Stenosis</u>		
	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>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 8/27, 1951, to 8/27, 1951, that I last saw the deceased alive on 8/27, 1951, and that death occurred at 11 am, from the causes and on the date stated above.

22a. SIGNATURE (Deceased or title) <u>James P. Henderson, M.D.</u>		23b. ADDRESS <u>Excelsior Springs 700</u>		23c. DATE SIGNED <u>8/27/1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	
24d. LOCATION (City, town, or county) (State) <u>Barrs Mills, Ohio</u>					

DATE REC'D BY LOCAL REG. <u>8/27/51</u>		REGISTRAR'S SIGNATURE <u>Caroline Dutchingland</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard Excelsior Springs, Mo.</u>	
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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 *Paul Papp*.....

Licensed Embalmer No. *23458*

P. O. Address *St. Ignace, Missouri*

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.