No. 300
10.48

FILED JAN 3 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 40622

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5064 Registrar's No. 27

**1. PLACE OF DEATH**
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- LeRoy
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton 0060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- LeRoy 0
d. STREET ADDRESS (If rural, give location): Arcadia, Kansas R#1

3. NAME OF DECEASED (Type or Print): a. (First) SUSIE b. (Middle) E. c. (Last) WEAVER
4. DATE OF DEATH (Month) (Day) (Year): Dec 24 1951
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 19 ~~1864~~ 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 1 Days 5 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Barton County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME: Francis M. McWilliams
13b. MOTHER'S MAIDEN NAME: Catherine E. Lieb
14. NAME OF HUSBAND OR WIFE: George F. Weaver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: XXX
17. INFORMANT'S SIGNATURE OR NAME: George F. Weaver, Arcadia, Kansas, R#1 — ADDRESS

**MEDICAL CERTIFICATION**

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) Coronary Embolism — 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) Hypertension
DUE TO (c)
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: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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.: 0
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 0 4201

22. *I hereby certify that I attended the deceased from* 0, 19 0, *to* 0, 19 0, *that I last saw the deceased alive on* 0, 19 0, *and that death occurred at* 6:00a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. G. Eddleman (Degree or title) MD
23b. ADDRESS: Liberal Mo
23c. DATE SIGNED: 12/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: Dec 26 1951
24c. NAME OF CEMETERY OR CREMATORY: Wossley Cemetery
24d. LOCATION (City, town, or county) (State): Bronaugh, Missouri

DATE REC'D BY LOCAL REG.: Dec 27, 1951
REGISTRAR'S SIGNATURE: Charlotte McDowell 420
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Konantz Funeral Home, Lamar, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

060 1

## 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 Walter J. Konanty

Signed.....
Student Embalmer

Licensed Embalmer No. ~~4601~~ 4773

P. O. Address Lamar, Missouri

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Barton } ss.

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 40622
Local Registrar's No. 27

On this 15th day of January, 1952, before me appears Frank W. Denton, who, upon oath, states that the original record of ~~birth~~ death for Susie E. Weaver, died / born December 24, 1951, in the State of Missouri, and which was filed at Liberal, on Dec 26th, 1951, should be corrected as follows:

Item No. 8 should read Nov 19 1885

Instead of Nov 19 1884

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank W. Denton
Relationship. Embalmer for Konantz Funeral Home, Lamar, Mo.

Present Address.

Subscribed and sworn to before me this 15th day of January, 1952.

My Commission expires Sept 18 1954

Earl F. Konantz Notary Public.

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