

FILED DEC 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43911**

BIRTH NO. 83105-51 REG. DIST. NO. 399 PRIMARY REG. DIST. NO. 4592 Registrar's No. 59

114/1

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

1. PLACE OF DEATH a. COUNTY <u>Wright</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>		
b. CITY (If inside corporate limits, write RURAL and give township) <u>St George</u>		c. LENGTH OF STAY (in this place) <u>5 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Montgomery Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>5 Mi. North East St George</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mountain Grove General Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ANN</u> c. (Last) <u>WEATHERSPOON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 25 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>11-20-1951</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>5</u> IF UNDER 1 HR. Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wright County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wife Weatherspoon</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Delcour</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS RAY Delcour St George, Mo</u>			
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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>Pulmonary Edema.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia (Bacterial)</u> DUE TO (c) <u>Premature birth.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>2 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>7635</u>	
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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"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 11-22, 1951, to 11-25, 1951, that I last saw the deceased alive on 11-25, 1951, and that death occurred at 6:34 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.A. Craig M.D.</u>	23b. ADDRESS <u>Mountain Grove Mo.</u>		23c. DATE SIGNED <u>12-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cold Water Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wright County Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-4-51</u>	REGISTRAR'S SIGNATURE <u>A.B. Ames</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Holden</u>	ADDRESS <u>Hartsville Mo</u>	
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DEC 11 1951
WRIGHT CO. HEALTH DEPT.
County File Number 1251-128
Date Filed Dec. 15, 1951

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 Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.