

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1772

State File No.

FILED FEB 8 1952

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jasper</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jasper</u>	
c. LENGTH OF STAY (in this place) <u>26 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>North Second Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Second Street</u>		e. STREET ADDRESS <u>North Second Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gilbert</u>	b. (Middle) <u>(W)</u>	c. (Last) <u>Weatherly</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan. 31 1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 10, 1877</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President of Bank</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Wright W. Weatherly</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Weatherly</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie May Bricker</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Weatherly, Jasper, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 mon.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus 5 yrs.</u> 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	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)
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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?
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22. I hereby certify that I attended the deceased from 1-1-1949, to 1-31-1962, that I last saw the deceased alive on 1-30-1952, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Knott M.D.</u> (Degree or title)	23b. ADDRESS <u>Jasper Mo.</u>	23c. DATE SIGNED <u>1-31-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 2, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Penn Center Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Earlham, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>2-1-52</u>	REGISTRAR'S SIGNATURE <u>L.B. Clinton, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion Selvey</u> ADDRESS <u>Sharp & Selvey, Jasper, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0490
0

260X

RECEIVED 2-7-52
Jasper County Health Officer

County File Number 52/2/102

Date Filed 2-7-52

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 George W. Muscott.

Licensed Embalmer No. 4671

P. O. Address Rockwood, 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.