No. 300
10.48

FILED MAY 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15685

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 543

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1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 50 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph, 0117
d. STREET ADDRESS (If rural, give location): 1011 North 23rd. Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Eugene
b. (Middle): Bronson
c. (Last): Weaver

4. DATE OF DEATH (Month) (Day) (Year): May 11th- 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 26-1870
9. AGE (In years last birthday): 82yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired:Conductor
10b. KIND OF BUSINESS OR INDUSTRY: St. Joseph Street Car Company.
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Benjamin F. Weaver
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Mrs. Stella Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Stella Weaver, ADDRESS: St. Joseph, Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis & Diabetes Mellitus — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Coronary Insufficiency — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-1- *, 19* 47 *, to* 5-11 *, 19* 52 *, that I last saw the deceased alive on* 5-10- *, 19* 52 *, and that death occurred at* 11:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Urville Craig (Degree or title): MD 0
23b. ADDRESS: Tootle Building, St. Joseph, Missouri
23c. DATE SIGNED: 5-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: May 14-1952
24c. NAME OF CEMETERY OR CREMATORY: Dysart Cemetery
24d. LOCATION (City, town, or county) (State): near Fillmore, Missouri.

DATE REC'D BY LOCAL REG.: MAY 27, 1952
REGISTRAR'S SIGNATURE: Carl C. Cash
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Meuschke Jr.
ADDRESS: St. Joseph, M

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. O.W.D. Chase

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 Albert E. Farrington

Signed ✓
Student Embalmer

Licensed Embalmer No. 3258 Mo.

P. O. Address St. Joseph, 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.