

No. 300  
10.48

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15771

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 184

1143  
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1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton MO 0143</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital Mo</u>		d. STREET ADDRESS (If rural, give location) <u>State Hospital no 1</u>	

3. NAME OF DECEASED (Type or Print) <u>HUSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>WEEKS</u> <u>May 27 1952</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>12-3-1895</u>	9. AGE (In years, months, days) (Specify) <u>77</u> <u>5</u> <u>34</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Attendant</u>	11. BIRTHPLACE (State or foreign country) <u>Willsburg Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Attendant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Hosp #1</u>	11. BIRTHPLACE (State or foreign country) <u>Willsburg Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>
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13a. FATHER'S NAME <u>John H Weeks</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Cook</u>	14. NAME OF HUSBAND OR WIFE <u>Wesley Weeks "Deed"</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. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hosp Records</u>	17. ADDRESS <u>Fulton 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphogranulomatosis</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) 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) (Minute)	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 3/13, 1952, to 5-27, 1952, that I last saw the deceased alive on 5-26, 1952, and that death occurred at 5:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.P. Price</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Fulton</u>	23c. DATE SIGNED <u>5/27/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Willsburg</u>	24d. LOCATION (City, town, or county) (State) <u>Willsburg Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 28-1952</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	42-5-25 FUNDAMENTAL DIRECTOR'S SIGNATURE <u>Archie...</u>	ADDRESS <u>Montgomery City Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

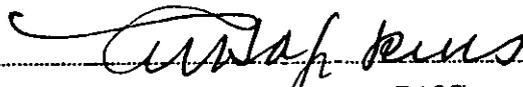
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, xxx on the 2  
day of May 1952 Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.