

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20931

State File No. ....

FILED JUN 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 116

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) OR TOWN <u>Jasper</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jasper</u>	
c. LENGTH OF STAY (in this place) <u>27 yr</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North First Street</u>		d. STREET ADDRESS (If rural, give location) <u>North First Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>I.</u> c. (Last) <u>Weatherly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 23, 1859</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Exeter, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>unknown Barr</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>William Wright Weatherly</u>	
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. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Weatherly, Jasper, Mo.</u>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Humerus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>age, Mental weakness</u> DUE TO (c) <u>Physical Weakness</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Hip (neck of femur) 1950</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>049</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jasper, Jasper, Mo.</u>

21d. TIME OF INJURY <u>June 6 - 62</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>a fall</u>
22. I hereby certify that I attended the deceased from <u>1-1-1949</u> , to <u>6-19-1952</u> , that I last saw the deceased alive on <u>6-18-1952</u> , and that death occurred at <u>2:15 P. m.</u> , 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>6-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 22, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Exeter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Exeter, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-21-52</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton, MD</u>		139		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sharp and Selvey, Jasper, Mo.</u>	

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

St. No. 300  
v. 10-48

RECEIVED 6-24-52  
Jasper County Health Office

County File Number 52/6/194  
Date Filed 6-24-52

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 \_\_\_\_\_

*Laurie S. Sheep*

Student Embalmer No. 245

working under my personal supervision.

Student ..... *Laurie S. Sheep* .....  
Student Embalmer

Signed *George W. Newcomb*

Licensed Embalmer No. 4671

P. O. Address *Packwood, 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.