V.S. No. 300
Rev. 10.48

0124

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

FILED AUG 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23781

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 363

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Shannon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winona 1010
d. STREET ADDRESS (If rural, give location): Winona /

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

4. DATE OF DEATH (Month) (Day) (Year): July 18 1952

5. SEX: Female /
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Mar 16, 1877
9. AGE (In years last birthday): 75 — If under 1 year: Months 4, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and State or Foreign Country): Winona, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob Williams
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR ~~WIFE~~: R. H. 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: R. H. Weaver
ADDRESS: Winona, Missouri

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 thrombosis — 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) General arteriosclerosis
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
332 X
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* 7-14, 1952, *to* 7-18, 1952, *that I last saw the deceased alive on* 7-18, 1952, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Julian Ottenneleson MD
(Degree or title)
23b. ADDRESS: Poplar Bluff MO
23c. DATE SIGNED: 7-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-20-52
24c. NAME OF CEMETERY OR CREMATORY: Williams Cemetery
24d. LOCATION (City, town, or county) (State): Winona, Missouri

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428 S
25. FUNERAL DIRECTOR'S SIGNATURE: Coleman McFadden
ADDRESS: Van Buren Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 6 1952
BUTLER CO. HEALTH CENTER
FILE No. 852395

MAY 21 1956

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 Allen C. McGuire

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.