

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41337**

BIRTH NO. _____		REG. DIST. NO. <u>355</u>		PRIMARY REG. DIST. NO. <u>4520</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville, Mo</u>		c. LENGTH OF STAY (In this place) <u>23 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summersville, Mo</u>		1039		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Frank</u> c. (Last) <u>Weaver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov, 11 1952</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 8th 1900</u>		9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Decater Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Archie Weaver</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Tillie Weaver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Tillie Weaver</u> ADDRESS <u>Summersville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Vascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>52</u> , to <u>Nov 3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 2</u> , 19 <u>52</u> , and that death occurred at <u>11P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr Laverie Hampton</u> (Degree or title) <u>Dr</u>				23b. ADDRESS <u>Summersville, Mo</u>		23c. DATE SIGNED <u>11-26-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 14 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Summersville Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-28-52</u>		REGISTRAR'S SIGNATURE <u>Anna Robert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u> ADDRESS <u>Mtn View, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

1070

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

John J. Linneman

Licensed Embalmer No. 2516.

P. O. Address

218 View 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.