

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44195

State File No.

FILED JAN 5 1953
BIRTH NO. 292121 REG. DIST. NO 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 246

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton Mo.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>212 E 3rd St 5-171</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzsimons Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Weaver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec 22 1952</u>
9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Infant</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harold S. Weaver</u>		13b. MOTHER'S MAIDEN NAME <u>Rita Mier</u>	
14. NAME OF HUSBAND OR WIFE		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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold S. Weaver, Carrollton</u>	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS <u>Carrollton</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7544</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>12/22 1952</u> to <u>12-22 1952</u> , that I last saw the deceased alive on <u>12/22 1952</u> and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Jordan Hellingm.</u>		23b. ADDRESS <u>Waverly Mo.</u>	
23c. DATE SIGNED <u>12/24/52</u>		24a. BURNAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>12-24-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Carrollton MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shendley & Fabian</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>Carrollton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 30, 1952</u>		REGISTRAR'S SIGNATURE <u>Clidney F. Gray</u>	

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.