S. No. 300
V. 10.48

FILED MAR 3 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6705

State File No.

BIRTH NO. REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5638 Registrar's No.

0540

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sniabar Twns.
c. LENGTH OF STAY (In this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sniabar Twns. 0540
d. STREET ADDRESS (If rural, give location): 6 Mile SE of Odessa

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

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1953

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 4, 1876
9. AGE (In years last birthday): 76 | IF UNDER 1 YEAR: Months, Days | IF UNDER 1 HR.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas B. Weaver
13b. MOTHER'S MAIDEN NAME: Georgia M. Franks
14. NAME OF HUSBAND OR WIFE: Virgie 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.
17. INFORMANT'S SIGNATURE OR NAME: George Weaver
ADDRESS: Odessa, Mo.

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): Myocardial Chr. — INTERVAL BETWEEN ONSET AND DEATH: 10 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Nephritis Chr — 5 yr.
DUE TO (c): 592X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility Without Dementia — 5 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Jan 14, 1953, *to* Feb 22, 1953, *that I last saw the deceased alive on* Feb 22, 1953, *and that death occurred at* 12 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. F. Slaughter (Degree or title) D.O.
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 24, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Tabor Cemetery
24d. LOCATION (City, town, or county) (State): Odessa, Mo.

DATE REC'D BY LOCAL REG.: 2/24/53
REGISTRAR'S SIGNATURE: Emma Davidson
453-0
25. FUNERAL DIRECTOR'S SIGNATURE: Husman-Sparks Fred F. Husman
ADDRESS: Odessa, Mo

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed William T. Sparks.

Signed.....
Student Embalmer

Licensed Embalmer No. #4431

P. O. Address Odessa, 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.