

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16999**

FILED MAY 21 1953

BIRTH NO.

REG. DIST. NO. **14**PRIMARY REG. DIST. NO. **5066**Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY <b>BARTON</b> <b>0060</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>BARTON</b> <b>8150</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL, SOUTHWEST (TWP)</b>		c. LENGTH OF STAY (In this place) <b>10 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL, SOUTHWEST (TWP)</b> <b>8</b>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>R.F.D. # 4, PITTSBURG, KANS.</b>				d. STREET ADDRESS (If rural, give location) <b>R.F.D. #4, From PITTSBURG, KANSAS.</b>				
3. NAME OF DECEASED (Type or Print) <b>WILLIAM S. ELIE WEEMS.</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY, 12, 1953</b>		
5. SEX <b>MALE</b> <b>0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED /</b>	8. DATE OF BIRTH <b>OCT. 28, 1872</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>15</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (State or foreign country) <b>ROME, GEORGIA /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>JAMES A. WEEMS</b>			13b. MOTHER'S MAIDEN NAME <b>MALINDA BELL</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. LENA WEEMS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. IRENE PALMER, R.R.# 4, PITTSBURG, K</b>					
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) <b>Nephritis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>0</b> DUE TO (c) <b>0</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>0</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>0</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>0</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>0 0 0</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>0 0 0 0</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>0</b>				
22. I hereby certify that I attended the deceased from <b>5/10, 1951, to 5/10, 1953</b> , that I last saw the deceased alive on <b>5/10, 1953</b> , and that death occurred at <b>5 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>A. G. Edleman</b>				23b. ADDRESS <b>Liberal Mo</b>		23c. DATE SIGNED <b>5-12-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>MAY-12-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CENTER POINT, ARKANSAS.</b>		24d. LOCATION (City, town, or county) (State) <b>HAZEN, ARKANSAS.</b>			
DATE REC'D BY LOCAL REG. <b>May 12 1953</b>		REGISTRAR'S SIGNATURE <b>Charlotte McDowell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ELLSWORTH UND. Co</b>		ADDRESS <b>PITTSBURG</b> <b>KAN</b>		

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W E Ellsworth*

Licensed Embalmer No. *1272*

P. O. Address *Pittsburg Kan*

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.