

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28248

State File No. \_\_\_\_\_

FILED AUG 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 1432 Registrar's No. 50

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Sullivan Rural Meramec</u>		c. CITY OR TOWN <u>Sullivan Rural</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Van Deven Nursing Home</u>			

3. NAME OF DECEASED a. (First) <u>Nannie E</u> b. (Middle) _____ c. (Last) <u>Weeks</u>			4. DATE OF DEATH <u>March 20</u> (Day) (Year) <u>1953</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 25 - 1877</u>	9. AGE (In years) <u>75</u> (Months) <u>8</u> (Days) <u>25</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>West Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>West Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. Weeks Deen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Van Deen, supt of home</u>	18. ADDRESS <u>Sullivan</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Failure (Arteriosclerotic Heart Disease)</u>		<u>Years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>Years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		<u>Years</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 on Aug 20, 1953, to live up, 1953, and that death occurred at 4:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Interford, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>40 1/2 Clark St, Sullivan Mo</u>	23c. DATE SIGNED <u>Aug 20 - 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>8-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beauf</u>	24d. LOCATION (City, town, or county) (State) <u>Herald Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-20-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Meyer</u>	ADDRESS <u>Herald Mo</u>
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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

*Stanley E. Meyer*

Licensed Embalmer No. *4639*

P. O. Address *Grand Pr...*

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.