

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Davis 30773
State File No.

No. 300
10.48

FILED SEP 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>334</u>		PRIMARY REG. DIST. NO. <u>6131</u>		Registrar's No. <u>253</u>	
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Montier</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montier</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montier, Mo</u>		1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Lewis</u>	b. (Middle) <u>Griffith</u>		c. (Last) <u>Weaver</u>		Month <u>June</u>	Day <u>22</u>	Year <u>1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 17-1870</u>		9. AGE (In years last birthday) <u>82</u>	if UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	if UNDER 24 HRS. Hours _____ Min. _____
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>Shannon Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Weaver</u>			13b. MOTHER'S MAIDEN NAME <u>Malinda Jackson</u>			14. NAME OF HUSBAND OR WIFE _____	
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 Daisy Martin Montier, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) _____		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>May 1, 1953</u> , to <u>June 22, 1953</u> , that I last saw the deceased alive on <u>June 1, 1953</u> , and that death occurred at <u>4:20 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Davis M.D.</u> (Degree or title)				23b. ADDRESS <u>Birch Tree Mo</u>		23c. DATE SIGNED <u>9/10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montier</u>		24d. LOCATION (City, town, or county) (State) <u>Montier, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-14-53</u>		REGISTRAR'S SIGNATURE <u>Mabel R...</u> <u>447</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home Mtn View, Mo.</u> ADDRESS _____			

(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

Joe P. Luman

Licensed Embalmer No. *4325*

P. O. Address *Mt. 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.