

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31284

FILED SEP 23 1953		BIRTH NO. <u>124</u>		REG. DIST. NO. <u>68</u>	PRIMARY REG. DIST. NO. <u>5266</u>	Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Finley Twp.</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chadwick</u>		<u>0220</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Abraham</u> b. (Middle) <u>Lincoln</u> c. (Last) <u>Weatherwax</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 17-1864</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min. <u>89</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Putnam Co., Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>A. L. Weatherwax</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Susan Vollnogel</u>			
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 ADDRESS <u>Jesse Weatherwax, Republic, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <u>① asthma bronchitis & emphysema</u> <u>② arteriosclerosis generally</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>yes</u> <u>yes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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) (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>Jan, 1948</u> , to <u>21 July, 1953</u> , that I last saw the deceased alive on <u>1 May, 1953</u> , and that death occurred at <u>430a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>			(Degree or title) <u>MD</u>		23b. ADDRESS <u>Ozark, Missouri</u>		
23c. DATE SIGNED <u>5 Aug 53</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garrison Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garrison, Missouri</u>		
DATE RECD BY LOCAL REG. <u>Sept 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Luetta Leonard</u>		59-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dean Harris, Clever, Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side)							

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.....

John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Clever 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.