

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35165

State File No. _____

FILED NOV 5 - 1953

473

5143

439

BIRTH NO. _____		REG. DIST. NO. _____	PRIMARY REG. DIST. NO. _____	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #2</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2</u>		
3. NAME OF DECEASED a. (First) <u>Emma</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Weakly</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 1, 1890</u>	9. AGE (In years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Fulton Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ott Weakly</u>
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>Ott Weakly</u> ADDRESS <u>Poplar Bluff, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis, chronic</u>		ANTECEDENT CAUSES		<u>1 mo.</u>
Morbidity does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Fracture, left femur</u>		<u>2 1/2 mos.</u>
		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>E9040</u> <u>45</u>		
19a. DATE OF OPERATION <u>15 Aug 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>open reduction fracture left femur</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (Specify) <u>Truicy Park</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>812 Illinois</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 10, 1953 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in traverse Confectionery</u>		
22. I hereby certify that I attended the deceased from <u>20 Oct, 1953, to 23 Oct, 1953</u> , that I last saw the deceased alive on <u>22 Oct, 1953</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Hester Harwell, M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>24 Oct 1953</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>	
DATE RECD BY LOCAL REG. <u>10/30/53</u>	REGISTRAR'S SIGNATURE <u>Ott Weakly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u> ADDRESS <u>Poplar Bluff, Mo.</u>		

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

Call Harwell
10/22/53

RECEIVED
NOV 3 1953
BUTLER CO. HEALTH CENTER.

FILE No. _____
FEB 17 1954

NOV 18 1953

NOV

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 Wallace R Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine Poplar Bluff

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Mo.
County of Butler } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 35165

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 439

On this 12 day of November, 1953, before me appears Dr. J. Lester Harwell, who, upon his his oath, states that the original record of death for Emma Jane Weakly died Oct. 23, 1953, in the State of Missouri, and which was filed at Poplar Bluff, Mo. on Oct. 26, 1953, should be corrected as follows:

Item No. 21b should read Confectionery

Instead of H ome:

Item No. 21f should read Fell in Confectionery

Instead of Fell in home.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X J. Lester Harwell, M.D. Physician
Relationship.

Poplar Bluff, Mo.
Present Address.

Subscribed and sworn to before me this 16 day of November, 1953

My Commission expires 4-11-55 Margaret Cottrell Notary Public.

