

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39384

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 453

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>	c. CITY OR TOWN <u>Independence</u>		d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>507 W. Rubey</u>			e. STREET ADDRESS (If rural, give location) <u>507 W. Rubey 700 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>J.</u> c. (Last) <u>Weatherford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1 53</u>			
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>25 JAN - 1859</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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 <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>JACKSON County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Pinkard</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Hutchans</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Weatherford</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>Mrs. Ethel Rathbone Indep. Mo.</u>			
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, asphyxia, 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>Coronary Heart Disease</u>	ANTECEDENT CAUSES DUE TO (b) <u>auricular fibrillation</u>				1 mo	
DUE TO (c) <u>arteriosclerosis</u>					2 wks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>July</u> , 19 <u>53</u> , to <u>1 Dec</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>25 Nov</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>B. Hausader MD</u>			23b. ADDRESS <u>Independence</u>		23c. DATE SIGNED <u>12-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-Dec-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Springs Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-3-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ott + Mitchell Indep. Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Jason T. White*.....

Licensed Embalmer No. *4925*.....

P. O. Address *Indep*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.