

STANDARD CERTIFICATE OF DEATH

State File No. **42496**

No. 300
10-48

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

0302

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>109</u>		PRIMARY REG. DIST. NO. <u>5424</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rte. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Rte. 1</u>				d. STREET ADDRESS (If rural, give location) <u>Rte. 1</u>			
3. NAME OF DECEASED (Type or Print) <u>HOWARD</u>			a. (First) <u>R.</u> b. (Middle) <u>WEATHERHOLT</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 27, 1906</u>	
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>2</u>		IF UNDER 1 HR. Hours <u></u> Mins. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Grant Weatherholt</u>			13b. MOTHER'S MAIDEN NAME <u>Mary McMillian</u>			14. NAME OF HUSBAND OR WIFE <u>Gladys Weatherholt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Weatherholt, Campbell, Mo. R.</u> ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac decompensation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Myocardial infarction</u>		DUE TO (c) <u>Coronary artery disease</u>		6 mo. <u></u>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							2 yrs. <u></u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		<u>5810</u>	
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>2 Feb</u> , 1953, to <u>29 Mar</u> , 1953, that I last saw the deceased alive on <u>29 Mar</u> , 1953, and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Cyril A. Post M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>2 Dec 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 2, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glennonville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell, Mo. Rte. 1</u>		
DATE REC'D BY LOCAL REG. <u>12/10/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Beulah Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Landess Funeral Home, Campbell, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT12-17-53.....
COUNTY FILE NUMBER 1253-299

DEC 23 1953

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 Christine M. Landess

Licensed Embalmer No. 4277

P. O. Address Campbell, W

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.