No. 300
10-48

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RN 3842

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4142

State File No. .....

BIRTH NO. FILED MAR 11 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 170

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 348
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rector
d. STREET ADDRESS (If rural, give location): Route # 3

8030
8

3. NAME OF DECEASED (Type or Print)
a. (First): PAUL
b. (Middle): P.
c. (Last): WEADERMAN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 30, 1907

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): Laneburg, Ark.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Weaderman

13b. MOTHER'S MAIDEN NAME: Almida Smith

14. NAME OF HUSBAND OR WIFE: Ethel Weaderman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.: 429-28-4690

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA Hospital Records

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma, left upper lobe with metastasis all bones

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Malnutrition severe, secondary to Dg. # 1.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 162 X

20. AUTOPSY? YES ☐ NO ☒

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): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 11, 1953, *to* Feb. 22, 1954, ~~that I last saw the deceased alive on~~, *and that death occurred at* 10:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry Price
HARRY J. PRICE, M.D., Chf., Med. Sv.

23b. ADDRESS: VA Hospital, Poplar Bluff, Mo.

23c. DATE SIGNED: 2-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried

24b. DATE: Feb. 24, 1954

24c. NAME OF CEMETERY OR CREMATORY: Woodland Heights

24d. LOCATION (City, town, or county) (State): Rector Ark

DATE REC'D BY LOCAL REG.: 3/4/54

REGISTRAR'S SIGNATURE: R H Mitchell 489

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Irby Funeral Home Rector Ark

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAR 10 1954

BUTLER CO. HEALTH CENTER

FILE No._____

MAR 11 1954

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 Dan McBride

Licensed Embalmer No. 776

P. O. Address Rector Ark.

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.