

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16523

State File No.

BIRTH NO. REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 5649 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Lawrence</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Lawrence</p>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Pierce)		c. LENGTH OF STAY (In this place) 20 Yrs.		c. CITY OR TOWN <p style="text-align: center;">Monett</p>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 Miles N.E. Monett		e. STREET ADDRESS (If rural, give location) 2 1/2 Miles N.E. Monett					
3. NAME OF DECEASED (Type or Print) WALTER		a. (First)		b. (Middle) EARL			
		c. (Last) WESTON		4. DATE OF DEATH May, 12, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married			
8. DATE OF BIRTH April 22, 1934		9. AGE (In years last birthday) 20		10. IF UNDER 1 YEAR 0			
11. BIRTHPLACE (City and State or Foreign Country) Monett, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 4 HRS. 20			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Monett, Mo.			
13a. FATHER'S NAME Thomas Weston		13b. MOTHER'S MAIDEN NAME Willa Howerton		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Thomas Weston			
				ADDRESS Monett, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">P. yelitis</p>				INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
		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. <p style="text-align: center;">Arthritis Deformans</p>				3 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">6000</p>				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)		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>Nov 1, 1953</u> , to <u>May 12, 1954</u> , that I last saw the deceased alive on <u>May 12, 1954</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>A. E. Buchanan</i>		(Degree or title)		23b. ADDRESS <u>Monett, Mo</u>			
23c. DATE SIGNED <u>5-15-54</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/14/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>			
				24d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5 17 54</u>		REGISTRAR'S SIGNATURE <i>John P. Davis</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>A. E. Buchanan</i>			
				ADDRESS <u>Monett Mo.</u>			

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

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.....
Licensed Embalmer No. 3111

P. O. Address.....

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.