

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19368

State File No.

| | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>290</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>JASPER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u> | | c. LENGTH OF STAY (In this place) <u>6DA</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARL JUNCTION</u> <u>2490</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHNS HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>312 N. RONEY</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WATSON</u> | | b. (Middle) <u>HERMAN</u> | | c. (Last) <u>WEIR</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29 1954</u> | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u> (Specify) | | 8. DATE OF BIRTH <u>FEBRUARY 11, 1882</u> | | | |
| 9. AGE (In years last birthday) <u>72</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | | 11. BIRTHPLACE (State or foreign country) <u>WAUBUNCIE COUNTY, KANSAS</u> | | | |
| 11. BIRTHPLACE (State or foreign country) <u>WAUBUNCIE COUNTY, KANSAS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>JAMES WEIR</u> | | 13b. MOTHER'S MAIDEN NAME <u>NO DATA</u> | | | |
| 13a. FATHER'S NAME <u>JAMES WEIR</u> | | 13b. MOTHER'S MAIDEN NAME <u>NO DATA</u> | | 14. NAME OF HUSBAND OR WIFE <u>CECILLE WEIR</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>490-20-0605</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>CECILLE WEIR</u> ADDRESS <u>CARL JUNCTION 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral oedema</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u> <u>4 months</u> <u>?</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) | | | |
| 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>6-24, 1954</u> , to <u>6-29, 1954</u> , that I last saw the deceased alive on <u>6-29, 1954</u> , and that death occurred at <u>7:05 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. George M. D.</u> | | | | 23b. ADDRESS <u>308 Frisco Bldg. Joplin, Missouri</u> | | 23c. DATE SIGNED <u>7-1-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>7-2-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CARL JUNCTION CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>CARL JUNCTION MO</u> | | | |
| DATE REC'D BY LOCAL REG. <u>7-3-54</u> | | REGISTRAR'S SIGNATURE <u>James</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Lewis Funeral Home</u> | | ADDRESS <u>Webb City, MO</u> | | | |

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

RECEIVED
Jasper County Health Office

JUL 6 1954

County File Number 518
Date Filed JUL 6 1954

SEP 10 1963

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 Richard Gray Lewis

Licensed Embalmer No. 44815

P. O. Address Web City Mo

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.