

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30105

FILED OCT 5 1954

State File No. 61

BIRTH NO. REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DEKALB	
b. CITY (If outside corporate limits, write RURAL and give township) Cameroon		c. CITY OR TOWN Cameroon	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameroon Hosp		e. STREET ADDRESS (If rural, give location) 207 E. 8th St.	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret Ethel b. (Middle) Weaver c. (Last) Weaver			4. DATE OF DEATH (Month) (Day) (Year) 9-29-54		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH May 12, 1888		9. AGE (In years last birthday) Months Days 66		10. IF UNDER 1 YEAR Hours Min. 10 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Richland MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Snyder		13b. MOTHER'S MAIDEN NAME Margaret Glover		14. NAME OF HUSBAND OR WIFE Wilkins M. Weaver	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY 48703-0872		17. INFORMANT'S SIGNATURE OR NAME W. M. Weaver	
		(If yes, give war or dates of service)		ADDRESS Cameroon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		10-200	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X		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) 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 **9-18**, 19**53** to **9-29**, 19**54** that I last saw the deceased alive on **9-29**, 19**54**, and that death occurred at **1005** m., from the causes and on the date stated above.

23a. SIGNATURE R. F. Natherton		(Degree or title)		23b. ADDRESS Cameroon Mo	
23c. DATE SIGNED 10-1-54					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-2-1954		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City - MO					
DATE REC'D BY LOCAL REG. 10-1-54		REGISTRAR'S SIGNATURE Wm. Fred W. Moser		390. FUNERAL DIRECTOR'S SIGNATURE DeMass	
		ADDRESS Cameroon MO			

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

No. 300
10-48

AUG 3 1967

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 *Laurence J. Thompson*.....

Licensed Embalmer No. *470*

P. O. Address *Cameron*

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.