

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12312**
Registrar's No. **60**

FILED MAY 3 1955

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY OR TOWN Franklin Twp.		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY OR TOWN Inter City District	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Emergency Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
		e. STREET ADDRESS (If rural, give location) 10129 Golf Ave.		7000	

3. NAME OF DECEASED (Type or Print) a. (First) Alvin			b. (Middle) Harrison			c. (Last) Weakley			4. DATE OF DEATH (Month) (Day) (Year) April 2, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Dec. 31 1866			9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days 	IF UNDER 6 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY 				11. BIRTHPLACE (City and State or Foreign Country) Stoutsville, Ohio			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME No Record			13b. MOTHER'S MAIDEN NAME No Record			14. NAME OF HUSBAND OR WIFE Inez Weakley		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ray M. Weakley		ADDRESS 1210 Maywood Ave.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Angioplasty 1 hour before							
		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 3-52 X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **3-28, 1955**, to **4-2, 1955**, that I last saw the deceased alive on **4-1, 1955**, and that death occurred at **1:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David W. Walker M.D.		23b. ADDRESS Jackson County Hospital		23c. DATE SIGNED 4-3-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Auto)		24b. DATE 4/4/55		24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		24d. LOCATION (City, town, or county) (State) Clinton Missouri	
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DATE REC'D BY LOCAL REG. 4-3-1955		REGISTRAR'S SIGNATURE DLB Luceyford		483		25. FUNERAL DIRECTOR'S SIGNATURE Thomas E. Quirk		ADDRESS 4316 Troost ave	
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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.....
Thomas E. Lewis

Licensed Embalmer No. 37
P. O. Address.....
R. C.

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.