

FILED DEC 5 1955

STANDARD CERTIFICATE OF DEATH

State File No. 31421

BIRTH NO. REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 583

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY LINN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		c. LENGTH OF STAY (In this place) STAY	c. CITY OR TOWN Brookfield
d. FULL NAME OF HOSPITAL OR INSTITUTION Switzers Rest Home		e. STREET ADDRESS (If rural, give location) Switzers Rest Home	

3. NAME OF DECEASED (Type or Print) a. (First) EDNA	b. (Middle) Browning	c. (Last) WEAVER	4. DATE OF DEATH (Month) (Day) (Year) Nov 28 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 26 1878	9. AGE (In years last birthday) Months Days Hours Min. 76 11 2
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Trenton, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME L.H. Whitney	13b. MOTHER'S MAIDEN NAME MAE Gibcut	14. NAME OF HUSBAND OR WIFE J.R. Weaver (deceased)
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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. -	17. INFORMANT'S SIGNATURE OR NAME Margaret Mae Pankey Brookfield, Mo	ADDRESS Brookfield, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EXTENSIVE THIRD DEGREE BURNS		INTERVAL BETWEEN ONSET AND DEATH 4 HRS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ACUTE TRAUMATIC ACCIDENT DUE TO (c)		4 HRS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9160			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 16	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT X SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) BROOKFIELD LINN MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 28 55 4:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? CLOTHES CAUGHT FIRE FROM GAS HEATER.
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22. I hereby certify that I attended the deceased from **MARCH, 1953**, to **NOV. 28, 1955**, that I last saw the deceased alive on **Nov. 28, 1955**, and that death occurred at **8:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. White	23b. ADDRESS BROOKFIELD MO.	23c. DATE SIGNED Nov. 30, 1955
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24a. BURIAL/CREMATION REMOVAL (Specify) BURIAL	24b. DATE Nov 30, 1955	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Trenton, MO
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DATE REC'D. BY LOCAL REG. 11-30-55	REGISTRAR'S SIGNATURE Katharine Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Gordon Blackmore	ADDRESS Trenton, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

white

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 Gordon Blackman

Licensed Embalmer No. 460

P. O. Address Trenton, N.J.

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.