

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43524**

BIRTH NO. _____		REG. DIST. NO. <b>240</b>		PRIMARY REG. DIST. NO. <b>4357</b>		Registrar's No. <b>8</b>	
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>NEW Madrid</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Marston</b>		c. LENGTH OF STAY (in this place) <b>10 Years</b>		c. CITY OR TOWN <b>Marston</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>				e. STREET ADDRESS (If rural, give location) <b>070 0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hoseph</b>		b. (Middle) <b>Bennett</b>		c. (Last) <b>Weedman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 22, 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 9, 1877</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Weedman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Julia Weedman - Marston, Mo</b>			
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) <b>Carcinoma of Lungs</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Unknown</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>16 3 x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>6-1-55</b> , to <b>11-22-55</b> , that I last saw the deceased alive on <b>11-22-55</b> , and that death occurred at <b>3:06 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Mrs. O. L. Lumber</b>		(Degree or title)		23b. ADDRESS <b>D.O. Marston Mo</b>		23c. DATE SIGNED <b>2-7-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>24 Nov. 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mounds Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Near New Madrid, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-20-1956</b>		REGISTRAR'S SIGNATURE <b>H. L. Borden Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richardson &amp; Co. New Madrid, Mo</b> (Licensed Embalmer's Statement on Reverse Side)			

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

MAR 12 1956

MAR 12 1956

DATE RECEIVED FEB 21 1956  
NEW MADRID CO. HEALTH CENTER  
P. J. S.

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 *Sammy L. Roberts*.....  
Licensed Embalmer No. *4880*.....

P. O. Address *New Madrid*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.