

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5786

State File No. ....

No. 300  
10.48

FILED MAR 8 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 4396 Registrar's No. 61

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pemiscot</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wardell</b> | c. LENGTH OF STAY (If this place) <b>Life</b> | c. CITY OR TOWN <b>Wardell</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gen. Del.</b>                                    |   | e. STREET ADDRESS (If rural, give location) <b>Gen. Del.</b>   |   |

|                                     |                       |                         |                         |  |
|-------------------------------------|-----------------------|-------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Ida</b> | b. (Middle) <b>Lela</b> | c. (Last) <b>Weaver</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 18, 1956</b> |
|-------------------------------------|-----------------------|-------------------------|-------------------------|--|

|                      |                               |   |                                       |   |   |  |
|----------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>June 17, 1888</b> | 9. AGE (In years last birthday) <b>67</b> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------------|---|---|--|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-Wife</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>X</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Boekerton, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|--|---|--|

|                                     |  |   |
|-------------------------------------|--|---|
| 13a. FATHER'S NAME <b>Bud Hogan</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>W. C. Weaver</b> |
|-------------------------------------|--|---|

|  |   |   |                            |
|--|---|---|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>X</b> <b>491-26-9168</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Monford Weaver</b> | ADDRESS <b>Wardell, Mo</b> |
|--|---|---|----------------------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 year</b><br><b>unknown</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary fibrosis</b>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Bronchectasis</b><br>DUE TO (c) |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>526X</b> | 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 Jan 18, 1954 to Feb 18, 1956, that I last saw the deceased alive on Feb 18, 1956, and that death occurred at 7:00 A.M. from the causes and on the date stated above.

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Daniel R. Hensley M.D.</b> | 23b. ADDRESS <b>Wardell, Mo.</b> | 23c. DATE SIGNED <b>2-21-56</b> |
|--|----------------------------------|---------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>2-20-56</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Wardell Memorial</b> | 24d. LOCATION (City, town, or county) (State) <b>Wardell, Mo.</b> |
|---|--------------------------|--|---|

|   |   |   |                             |
|---|---|---|-----------------------------|
| DATE REC'D BY LOCAL REG. <b>2-24-56</b> | REGISTRAR'S SIGNATURE <b>John J. German</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Osburn Funeral Home</b> | ADDRESS <b>Wardell, Mo.</b> |
|---|---|---|-----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

3-63-56

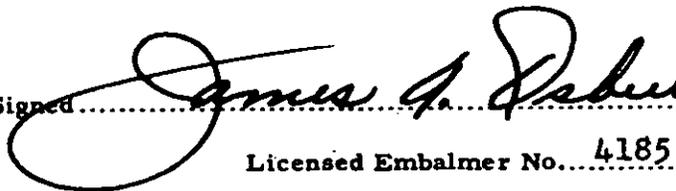
MAR 7 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 .....

Licensed Embalmer No. 4185

P. O. Address Wardell,.....

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.