

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7361

State File No. _____

FILED FEB 27 1956

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1149

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Pagedale 4281	
c. LENGTH OF STAY (in this place) 1 day		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 Christian Hospital		F. STREET ADDRESS (If rural, give location) 1333 Ferguson Avenue.	
3. NAME OF DECEASED (Type or Print) RUTH MAE WEATHERFORD a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Feby 2, 1956 (Month) (Day) (Year)
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feby 5, 1892
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Centralia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Samuel T. Davenport	
13b. MOTHER'S MAIDEN NAME Canny Russell		14. NAME OF HUSBAND OR WIFE Frank E. Weatherford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank E. Weatherford, 1333 Ferguson Ave
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRO-VASCULAR HEMORRHAGE			48 Hrs.
ANTECEDENT CAUSES			5 YRS.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			UNK
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			ABOUT 10YRS.
DUE TO (b) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE			
DUE TO (c) ARTERIOSCLEROSIS			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
DIABETES MELLITUS			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 8-13-1951 to 2-2-1956, that I last saw the deceased alive on 2-1-1956, and that death occurred at 7:40 A. m., from the causes and on the date stated above.			
23a. SIGNATURE Henry T. Cooper		23b. ADDRESS 14120 8th & Olive St.	23c. DATE SIGNED 2/2/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feby 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery
24d. LOCATION (City, town, or county) (State) Centralia, Missouri.			
DATE REC'D BY LOCAL REG. FEB 2 1956	REGISTRAR'S SIGNATURE Carl Smith mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Ave	

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, ~~by~~, Student Embalmer No. working under my personal supervision. .

Student
Signature of Student Embalmer

Signed *Etton R. H. Remelius*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis*

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.