

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42446**

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **138**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Humansville)		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Collins
d. FULL NAME OF HOSPITAL OR INSTITUTION Dimmitt Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 030	
		e. STREET ADDRESS (If rural, give location) 0930	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Arnold c. (Last) Weatherford			4. DATE OF DEATH (Month) (Day) (Year) Dec; 11, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 16, 1907	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Hickory County Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Weatherford	13b. MOTHER'S MAIDEN NAME Agnes Elliott	14. NAME OF HUSBAND OR WIFE 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. None	17. INFORMANT'S SIGNATURE OR NAME Glen Weatherford ADDRESS Dallas Texas
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		4 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis		40 hrs
	DUE TO (c)		
	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	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)
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 **19 Nov 1956**, to **11 Dec 56**, 19____, that I last saw the deceased alive on **11 Dec 1956**, and that death occurred at **2:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. J. Sessler (Degree or title) MD	23b. ADDRESS Osceola MO.	23c. DATE SIGNED 14 Dec 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/15/56	24c. NAME OF CEMETERY OR CREMATORY Robinson	24d. LOCATION (City, town, or county) (State) Collins Missouri
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DATE REC'D BY LOCAL REG. Dec. 14, 1956	REGISTRAR'S SIGNATURE Ralph Gardner	25. FUNERAL DIRECTOR'S SIGNATURE Pauline Stone ADDRESS Osceola Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Paul J. [unclear]*.....

Licensed Embalmer No. *399*.....

P. O. Address *Osceola*.....

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.