THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45014
STATE FILE NUMBER

FILED DEC 17 1956

Registration District No. 240 Primary Registration District No. 2856 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jay Wye ~~Portage~~ La Forge Township — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 1½ miles west of Jay Wye — Length of stay in Ib 2 Hr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Jay Wye — Inside Limits Yes ☐ No X
d. STREET ADDRESS 1½ miles west Jay Wye (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Baby — Middle — Last Weaver
4. DATE OF DEATH: Month Nov. Day 29 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov. 29, 1956
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours 2 — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (City and state or country) Jay Wye, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Albert Weaver
14. MOTHER'S MAIDEN NAME Edith Freld
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Albert Weaver — Address Jay Wye, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Premature birth — 2½ hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Placental separation — 3 hours
DUE TO (c) Twins — 761.5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 12:30 AM, to 3:30 A and last saw ~~him~~ him alive on 11-29-56
Death occurred at 3:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. C. Lemon D. O. (Degree or title) — 22b. ADDRESS Gideon Mo — 22c. DATE SIGNED 11-29-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov 29, 1956
23c. NAME OF CEMETERY OR CREMATORY Portageville cemetery
23d. LOCATION (City, town, or county) (State) Portageville, Mo.
24. FUNERAL DIRECTOR Ponder Funeral Home — ADDRESS Lilbourn, Mo
25. DATE RECD. BY LOCAL REG. 11-30-56
26. REGISTRAR'S SIGNATURE H. L. Ponder Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

DATE RECEIVED DEC 3 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 er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed.....Homer L. Ponde

Licensed Embalmer No. 33

P. O. Address Lilbou

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