

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29078

FILED AUG 20 1957

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Galvin Springs</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital - give location) HOSPITAL OR INSTITUTION <u>Ray County Memorial Hospital</u> Length of stay in 1b <u>1 hour</u>		d. STREET ADDRESS (If outside, give location) <u>215 1/2 East Parkway</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>J.</u> Last <u>WEAMER</u>		4. DATE OF DEATH Month <u>August</u> Day <u>16</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Mar 17, 1903</u>
9. AGE (In years last birthday) <u>53</u>		10. UNDER 1 YEAR <u>7</u> Months <u>29</u> Days <u>29</u> Hours <u>29</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Line type operator - Newspaper</u>		11. BIRTHPLACE (City and state or country) <u>Pilot Grove Mo.</u>	
13. FATHER'S NAME <u>William Weamer</u>		14. MOTHER'S MAIDEN NAME <u>Louise Metzner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-05-2328</u>	
17. INFORMANT <u>George W. EAMER, Pilot Grove, Mo.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Blood loss - hemorrhage</u> DUE TO (b) <u>accident - auto</u> DUE TO (c) <u>Cut jugular ext. Vein -</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>Chest injured - possible head injury</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 one or 2 hrs.</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>Auto - accident -</u>	
20c. TIME OF INJURY Hour <u>8</u> Month <u>1</u> Day <u>57</u> p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway - 10 W of Richmond</u>		20f. CITY, TOWN, OR LOCATION <u>Ray Mo.</u>	
21. I attended the deceased from <u>8-15-57</u> to <u>8-16-57</u> and last saw <u>him</u> alive on <u>8-16-57</u> . Death occurred at <u>12:25 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. B. Wavault M.D.</u>		22b. ADDRESS <u>Richmond Mo.</u>	
22c. DATE SIGNED <u>8-16-57</u>			
23a. BURIAL CREMATION (Specify)	23b. DATE <u>8-18-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Cem.</u>	23d. LOCATION (City, town, or county) <u>Pilot Grove Mo.</u>
24. FUNERAL DIRECTOR <u>QUESTAL & FUNERAL HOME</u> ADDRESS <u>Richmond Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 27 - 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>			

MEDICAL CERTIFICATION

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 5 1957

MAY 1 1958

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.....
Joseph Phile

Licensed Embalmer No. 40

P. O. Address *Suburban*

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.