

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2279

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 274PRIMARY REG. DIST. NO. 5935Registrar's No. 97

|                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>                                                                                                                                                                                                                                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>                                                                                                                                                                                                                                                                                                                                                                                |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Sedalia</u>                                                                                                                                                                                               |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Sedalia Rural Sedalia</u>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>Route # 2</u>                                                                                                                                                     |  | d. STREET ADDRESS (If rural, give location)<br><u>Route # 2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>MARTIN</u>                                                                                                                                                                                                                                 |  | a. (First) <u>T.</u> c. (Last) <u>WEYANT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                                                                                   |  | 8. DATE OF BIRTH <u>Feb. 26, 1873.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 6. COLOR OR RACE <u>White</u>                                                                                                                                                                                                                                                        |  | 9. AGE (In years last birthday) <u>84</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>                                                                                                                                                                                                             |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Breakman Railroad</u>                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Breakman Railroad</u>                                                                                                                                                              |  | 11. BIRTHPLACE (State or foreign country)<br><u>California, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 13a. FATHER'S NAME<br><u>Charles Weyant</u>                                                                                                                                                                                                                                          |  | 13b. MOTHER'S MAIDEN NAME<br><u>Alfa North</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                                                                                                                                                |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. William Schneider, Sedalia, Mo., RFD#2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerotic heart disease</u> with<br>DUE TO (c) <u>congestive heart failure</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>diabetes mellitus</u> |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                               |  | 20. AUTOPSY? <u>2</u><br>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 <u>10-3</u> , 19 <u>57</u> , to <u>1-29-</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1-28-</u> , 19 <u>58</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 23a. SIGNATURE (Degree or title) <u>T. S. Hopkins</u>                                                                                                                                                                                                                                |  | 23b. ADDRESS <u>Sedalia, Mo.</u><br><u>Sedalia Trust Bldg.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 23c. DATE SIGNED <u>1-30-58</u>                                                                                                                                                                                                                                                      |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 24b. DATE <u>1/31/1958</u>                                                                                                                                                                                                                                                           |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetry</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>                                                                                                                                                                                                               |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frances Sheehy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| DATE REC'D BY LOCAL REG. <u>1-30-58</u>                                                                                                                                                                                                                                              |  | ADDRESS <u>Sedalia, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

(Licensed Embalmer's Statement on Reverse Side)

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

541

3MOF1 JABKUH 31000000

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 \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3470

P. O. Address Edalia, Inc.

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 this body is not embalmed, fact should be so stated above.