

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014000
State File No.

FILED MAY 1 1958

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 24

0451
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Howard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fayette, Missouri</u>) | c. LENGTH OF STAY in the place <u>10 months</u> | c. CITY OR TOWN <u>Fayette</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wells Rest Haven Home</u> | | e. STREET ADDRESS (If rural, give location) <u>-----</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u> b. (Middle) <u>KATHERINE</u> c. (Last) <u>WEATHERS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 22, 1958</u> |
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|----------------------|-------------------------------|---|---------------------------------------|---|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug. 14, 1871</u> | 9. AGE (In years last birthday) <u>86</u> | If UNDER 1 YEAR Months <u>7</u> Days <u>8</u> | If UNDER 12 HRS. Hours <u> </u> Min. <u> </u> |
|----------------------|-------------------------------|---|---------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>James M. Grigsby</u> | 13b. MOTHER'S MAIDEN NAME <u>Virginis Diggs</u> | 14. NAME OF HUSBAND OR WIFE <u>Benton H. Weathers</u> |
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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) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>James L. Weathers, Fayette, Mo.</u> | ADDRESS <u> </u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from March 1, 1958, to March 22, 1958, that I last saw the deceased alive March 22, 1958, and that death occurred at 3 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>M. P. Dush, M.D.</u> | 23b. ADDRESS <u>Fayette, Mo</u> | 23c. DATE SIGNED <u>3/26/58</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/24/1958</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>3/26/58</u> | REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Coen</u> | ADDRESS <u>Fayette, Missouri</u> |
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MAY 23 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, ~~only~~ Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 334

P. O. Address Fayette, Mo.

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.