

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-187243
STATE FILE NUMBER

DECEASED MAY 28 1958 Registration District No. 10 Primary Registration District No. 8033 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Loutre		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Sullivan ⁰³⁶¹ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR U.S. Highway 54 INSTITUTION East Of Mexico, Mo.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 19 Elmont Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Carl K. Middle Weekley Last Weekley			4. DATE OF DEATH Month May Day 18 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 21, 1921
9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months 3 Days 7	IF UNDER 24 HRS. Hours 3 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking Contractor		10b. KIND OF BUSINESS OR INDUSTRY Road Construction	11. BIRTHPLACE (City, and state or country) Leadwood, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Barney Weekley	
13b. MOTHER'S MAIDEN NAME Laddie Wilson		14. NAME OF HUSBAND OR WIFE June Weekley	
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. Unknown	17. INFORMANT Address Mr. Donald Pitman Des Moines, Iowa
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death by burning			INTERVAL BETWEEN ONSET AND DEATH 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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.) Automobile accident	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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.) Highway 54		20f. CITY, TOWN, OR LOCATION 047 COUNTY Audrain STATE Mo	
21. I attended the deceased from Never to _____ and last saw her/him alive on never Death occurred at 8:13 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wesley J. ... (Degree or title) 3		22b. ADDRESS W.N. Clark Meyer	22c. DATE SIGNED 5/19/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 19, 1958	23c. NAME OF CEMETERY OR CREMATORY White Oak Grove	23d. LOCATION (City, town, or county) (State) Potosi, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Missouri		25. DATE RECD. BY LOCAL REG. May 29 1958	26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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300
1-57

JUL 13 1958

JUL 8 1958

JUL 8 1958

SEP 25 1958

JUN 5 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 Was not Embalmed; Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Ray Miller.....

Licensed Embalmer No. 4492
P. O. Address Medford, 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.