

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-817246  
STATE FILE NUMBER

FILED MAY 28 1958

Registration District No. 10

Primary Registration District No. 3033

Registrar's No. 108

300  
1-57

3

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Loutre</b>		c. CITY OR TOWN <b>Sullivan</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR U.S. HIGHWAY 54 INSTITUTION <b>East Of Mexico, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>19 Elmont Road</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Virginia June Weekley</b>		4. DATE OF DEATH Month Day Year <b>May 18, 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 17 1920</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Berryman, Missouri</b>
13a. FATHER'S NAME <b>Henry Eye</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Dodson</b>	14. NAME OF HUSBAND OR WIFE <b>Carl K. Weekley</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Mr. Donald Pitman Des Moines, Iowa</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <b>Death by burning</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>3 Min</b>
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.) <b>Automobile accident</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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.) <b>Highway 54</b>	
		20f. CITY, TOWN OR LOCATION <b>Sullivan Mo.</b> COUNTY <b>Franklin</b> STATE <b>Mo.</b>	
21. I attended the deceased from Death occurred at <b>Never</b> and last saw her alive on <b>never</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William J. J. J. J.</b>		22b. ADDRESS <b>112 N. Clark</b>	
22c. DATE SIGNED <b>5/19/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>May 19, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>White Oak Grove</b>		23d. LOCATION (City, town, or county) (State) <b>Potosi, Missouri</b>	
24. FUNERAL DIRECTOR <b>Arnold Funeral Home Mexico, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 19-1958</b>	
26. REGISTRAR'S SIGNATURE <b>Blanche Stealy</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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

VS  
MAR 23 1960

JUN 5 1958

SEP 25 1958

SEP 25 1958

MAY 29 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 Medico .....

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.