

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022805

FILED JUL 14 1958

Registration District No. 274

Primary Registration District No. 2057

STATE FILE NUMBER

Registrar's No. 291

S. 300
1-57
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1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital Lybana</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>4th + Ohio</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Curtis Weaver</u>			4. DATE OF DEATH Month Day Year <u>July 7 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 29 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	9. AGE (In years, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>59</u> Months <u>7</u> Days <u>8</u> Hours <u></u> Min.
11a. BIRTHPLACE (City and state or country) <u>Bradford Penn. - 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Curtis Weaver</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Belle Thorne</u>	14. NAME OF HUSBAND OR WIFE <u>Andrew Weaver</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>		16. SOCIAL SECURITY NO. <u>279-07-3056</u>	17. INFORMANT Address <u>Bothwell Hotel Sedalia</u>
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>Cholangitic Hepatitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>585X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.) _____	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____	COUNTY _____ STATE _____
21. I attended the deceased from <u>5 APR 1958</u> to <u>July 7 1958</u> and last saw her alive on <u>7 July 1958</u> Death occurred at <u>9:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>David R. Edwards MD</u>		22b. ADDRESS <u>Sedalia Mo</u>	22c. DATE SIGNED <u>7 July 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-8-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kenton</u>	23d. LOCATION (City, town, or country) (State) <u>Ohio</u>
24. FUNERAL DIRECTOR <u>Mc Laughlin Bros Sedalia</u>		25. DATE RECD. BY LOCAL REG. <u>7-8-1958</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>

(Licensed Embalmer's Statement on Reverse Side)

Locar, 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

APR 28 1958

MS APR 30 1958

OCT 31 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 *J.P. M. Cary*

Licensed Embalmer No. 31530
P. O. Address Sedalia

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.