

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038601

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 347

Primary Registration District No. 6162

Registrar's No. 54

S. 300
1-57

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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

1. PLACE OF DEATH a. COUNTY <i>Stone or mo</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>ark</i> b. COUNTY <i>Stone</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Butter Mill Springs</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Blue Eye ark</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		803 STREET ADDRESS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Georges</i> Middle <i>-</i> Last <i>Wesper</i>				4. DATE OF DEATH Month <i>Nov</i> Day <i>5</i> Year <i>1958</i>			
5. SEX <i>qm</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Mar 1904</i>		9. AGE (In years last birthday) <i>51</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Common Laborer</i>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Ark</i>		12. CITIZEN OF WHAT COUNTRY? <i>1</i>	
13a. FATHER'S NAME <i>Robert Wesper</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Ellison</i>		14. NAME OF HUSBAND OR WIFE <i>Louis Wesley</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>403-26-7113</i>	17. INFORMANT <i>Robert Wesper</i>		Address <i>Stone mo</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Brain Neck</i>						INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Was struck by a log being unrigged by a truck -</i>						9103	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (p. 12)						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 <i>8:30</i> a.m. <i>5:30</i> p.m. Month <i>Nov</i> Day <i>5</i> Year <i>58</i>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <i>Stone Co.</i>		20f. CITY, TOWN, OR LOCATION <i>104 Stone MO</i>					
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>830 ft</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Magnum Cummings</i>				22b. ADDRESS <i>Guerra mo</i>		22c. DATE SIGNED <i>Nov 5 1958</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial - Removal</i>		23b. DATE <i>Nov 6 - 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Blue Eye</i>		23d. LOCATION (City, town, or county) (State) <i>Morrilton Ark</i>		
24. FUNERAL DIRECTOR <i>Evelyn J. Cheatham</i>				25. DATE RECD. BY LOCAL REG. <i>Nov. 5 - 1958</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. J. Elmer Crossman</i>	

Prudena Murray

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 *Everett J. Cheatham*

Licensed Embalmer No. *387*

P. O. Address *Albany -*

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.