

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039786

STATE FILE NUMBER

FILED DEC 11 1958

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 126

5. 300 5
1-57

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural-Arcadia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Home for Aged Baptists		Length of stay in lb 1 month	d. STREET ADDRESS (If outside, give location) 1 1/2 mi. E. on Hwy. 70
3. NAME OF DECEASED (Type or print) First Middle Last Emma Louise Weed			4. DATE OF DEATH Month Day Year Dec. 3, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 4, 1876
9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 10 Days 30	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Hamburg, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Preston Hollimay	13b. MOTHER'S MAIDEN NAME Elizabeth Cox
14. NAME OF HUSBAND OR WIFE Irvin Weed		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. none
17. INFORMANT Dolores Weiss, Ironton, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease.	INTERVAL BETWEEN ONSET AND DEATH 1 year
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)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 WORK <input type="checkbox"/> NOT WHILE 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 10-3-58 to 11-3-58 and last saw her alive on 11-28-58 Death occurred at 6:25 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marvin C. Penne, MD		22b. ADDRESS 109 N. Main, Ironton, Missouri	22c. DATE SIGNED 12-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-5-58	23c. NAME OF CEMETERY OR CREMATORY Home Cemetery	23d. LOCATION (City, town, or county) (State) Ironton Mo.
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. Ancey, White		25. DATE RECD. BY LOCAL REG. 12-5-58	26. REGISTRAR'S SIGNATURE Miss Alice Jones

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 MAX N WHITE, Student Embalmer No. 561 working under my personal supervision.

Student Max N White
Signature of Student Embalmer

Signed Amel J White

Licensed Embalmer No. 3012

P. O. Address Ironton, 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.