

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000886

State File No.

FILED FEB 10 1959

BIRTH NO. _____		REG. DIST. NO. <u>111</u>		PRIMARY REG. DIST. NO. <u>4183</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pacific</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Pacific</u> ³⁶⁰		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>Lola</u>		b. (Middle) <u>May</u>		c. (Last) <u>Weaver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 4 1959</u>	
5. SEX <u>F</u> ³		6. COLOR OR RACE <u>colored</u>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>Sept 17 1909</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, except retired) <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Orange, Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Jas. Weaver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. 10, if unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Corneel Bridgeport Okla</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple stab wounds</u>				DUE TO (b) <u>Heart & lungs</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>and elsewhere</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Instant</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>made - Hunting knife</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.) <u>Home 509 2nd</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pacific Franklin Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:15 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John P. Corneel</u>				23b. ADDRESS <u>Union Ave 21539</u>		23c. DATE SIGNED <u>Feb 6 1959</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Feb-6 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bridgeport</u>		24d. LOCATION (City, town, or county) (State) <u>Bridgeport Okla</u>	
DATE REC'D BY LOCAL REG. <u>Feb 5 - 1959</u>		REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. John P. Corneel</u>		ADDRESS <u>Union Ave</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Ralph Altman*

Licensed Embalmer No. *480*

P. O. Address *Union*

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.