V.S. No. 300
Rev. 10.48

FILED VS MAR 15 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-009583

State File No.

BIRTH NO. REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 6

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

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Licking
c. LENGTH OF STAY (in this place): 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 40

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Chariton
c. CITY OR TOWN: Brunswick
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 10 Mi. N.E.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Edward c. (Last) DeWeese

4. DATE OF DEATH (Month) (Day) (Year): Mar 5, 1960

5. SEX: M

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed

8. DATE OF BIRTH: Dec. 13-1891

9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Mendon Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Elbert DeWeese

13b. MOTHER'S MAIDEN NAME: Margaret C. Haney

14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: 500-38-3488

17. INFORMANT'S SIGNATURE OR NAME: George DeWeese | ADDRESS: Kimble, Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & Pulmonary Arrest — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Thrombosis & occlusion.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dead on arrival, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 4:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. J. Myers D.O.

23b. ADDRESS: Licking, Mo.

23c. DATE SIGNED: 3-10-60

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE:

24c. NAME OF CEMETERY OR CREMATORY: Powell Cemetery

24d. LOCATION (City, town, or county) (State): Chariton Co. Mo

DATE REC'D BY LOCAL REG.: Mar. 10, 1960

REGISTRAR'S SIGNATURE: Elnora E. Hesse

25. FUNERAL DIRECTOR'S SIGNATURE: Smith & Ferguson | ADDRESS: Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 8 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Jackson M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.