JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-018482

STATE FILE NUMBER

FILED VS JUN 13 1960

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 643

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 1 da.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri Methodist Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clinton
c. CITY OR TOWN Gower — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4½ Mi. East of Gower, Mo — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Nancy Middle Leeona Last Weckman
4. DATE OF DEATH Month June Day 5 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10-11-1872
9. AGE (last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home maker
11. BIRTHPLACE (City and state or country) Gower, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Abraham Poage
13b. MOTHER'S MAIDEN NAME Polly Roy
14. NAME OF HUSBAND OR WIFE George L. Weckman
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. 496-42-4278
17. INFORMANT Helen Weckman Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thrombosis, abdominal aorta — INTERVAL BETWEEN ONSET AND DEATH 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis, general — 15 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6/4/60, to 6/5/60 and last saw her alive on 6/5/60
Death occurred at 11 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Forgrave
22b. ADDRESS 420 N 8th St Joseph
22c. DATE SIGNED 6/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 7, 1960
23c. NAME OF CEMETERY OR CREMATORY Antioch
23d. LOCATION (City, town, or county) Gower (State) Mo

24. FUNERAL DIRECTOR Clarence E. Hixson — ADDRESS Gower, Mo
25. DATE RECD. BY LOCAL REG. June 9, 1960
26. REGISTRAR'S SIGNATURE Mrs. Clarke Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION J. A. Forgrave, MD

NOV 14 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald W. Hanks

Signature of Student Embalmer

Licensed Embalmer No. 4528

P. O. Address Smithville, Va

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