

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039380

FILED VS OCT 31 1960

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 128

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY RAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND		Length of stay in lb 5 days		c. CITY OR TOWN HARDIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RAY Co. MEMORIAL HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) —		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRED Middle HENRY Last WEAVER				4. DATE OF DEATH Month Oct. Day 25 Year 1960				
5. SEX Male	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 AUG. 25, 1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLWORKER			10b. KIND OF BUSINESS OR INDUSTRY LUMBER		11. BIRTHPLACE (City and state or country) NEW MARKET, IOWA.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME JOHN L. WEAVER			13b. MOTHER'S MAIDEN NAME LUCINDA E. ROSE		14. NAME OF HUSBAND OR WIFE ELLA WEAVER			
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. 487-01-317		17. INFORMANT MYRTLE TABLER - HARDIN, 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) Cirrhosis of Liver DUE TO (b) Hepetoxic Substances DUE TO (c) Dietary Deficiencies PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure Arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH Years " "	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 October 20-60 to October 25-60 and last saw him alive on October 25-60 Death occurred at 5:19 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) John W. Rogers D.O.				22b. ADDRESS Hardin, Mo.		22c. DATE SIGNED 10-26-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-26-60	23c. NAME OF CEMETERY OR CREMATORY FAIRHAVEN CEM.		23d. LOCATION (City, town, or county) (State) NORBORNE, Mo.			
24. FUNERAL DIRECTOR KOIPSCHILD & BOICHERDING			ADDRESS Hardin, Mo.		25. DATE RECD. BY LOCAL REG. 10-27-1960		26. REGISTRAR'S SIGNATURE Malcolm Jackson	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed August Bocherding

Licensed Embalmer No. 4678

P. O. Address Harding 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.