

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004257

FILED VS. JAN 30 1961

394

Primary Registration District No.

3072

Registrar's No.

17

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marshall</i>		c. CITY OR TOWN <i>Marshall</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Fitzgibbon</i>		d. STREET ADDRESS (If outside, give location) <i>625 E. Vest</i>	
3. NAME OF DECEASED (Type or print) First <i>TRACY</i> Middle <i>ROSE</i> Last <i>WEAVER</i>		4. DATE OF DEATH Month <i>1</i> Day <i>19</i> Year <i>61</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>NEGRO</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1/18/61</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	11. BIRTHPLACE (City and state or country) <i>MARSHALL, MO.</i>
13a. FATHER'S NAME <i>WESLEY WEAVER</i>		13b. MOTHER'S MAIDEN NAME <i>JENETTA KEITH</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Respiratory insufficiency</i> DUE TO (b) <i>Prematurity. 25 week</i> DUE TO (c) <i>Baby</i>		14. NAME OF HUSBAND OR WIFE <i>NONE</i>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <i></i> a.m. <i></i> p.m. <i></i> Month, Day, Year <i></i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>1-19</i> to <i>1-19</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>1-19</i> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>B F Karpachell M.D.</i>		22b. ADDRESS <i>Marshall Mo.</i>	22c. DATE SIGNED <i>1-23-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i></i>	23b. DATE <i>1/20/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Fairview</i>	23d. LOCATION (City, town, or county) (State) <i>MARSHALL, MO.</i>
24. FUNERAL DIRECTOR <i>George H. Green</i> ADDRESS <i>Marshall, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>1-23-61</i>	26. REGISTRAR'S SIGNATURE <i>Cecil A. Read</i>

(Licensed Embalmer's Statement on Reverse Side)

**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 George H. Green

Licensed Embalmer No. 4720

P. O. Address Marshall, 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.