

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008283

STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 5

AMENDED

**FILED APR 10 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SULLIVAN</u>		Length of stay in 1b <u>HRS.</u>	c. CITY OR TOWN <u>SULLIVAN</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SCOTT CLINIC</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R. I</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARK</u> Middle <u>STEPHEN</u> Last <u>WEISKOPF</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>27</u> Year <u>1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 7, 1957</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (last birthday) <u>3</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>19</u> IF UNDER 24 HR: Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>SULLIVAN, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WARREN WEISKOPF</u>		13b. MOTHER'S MAIDEN NAME <u>LEONA SCHMITT</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>WARREN WEISKOPF, SULLIVAN, MO.</u> 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) <u>Shock</u> DUE TO (b) <u>3rd degree burn</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
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 checked="" 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.) <u>TURNED HOT GREASE OVER ON HIMSELF</u>	
20c. TIME OF INJURY Hour <u>10:00</u> a.m. Month, Day, Year <u>3-26-61</u>			
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.) <u>AT HOME</u>	20f. CITY, TOWN, OR LOCATION <u>SULLIVAN R.R. I, FRANKLIN MO.</u>
21. I attended the deceased from <u>March 26, 1961</u> to <u>March 27, 1961</u> and last saw him alive on <u>March 26, 1961</u> Death occurred at <u>1:45</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ronald A. Scott, MD</u>		22b. ADDRESS <u>Sullivan Mo</u>	22c. DATE SIGNED <u>3/28/61</u>
23a. BURIAL, CREMATION, or other (Specify)	23b. DATE <u>MARCH 29, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HOLY MARTYRS OF JAPAN CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>SULLIVAN R.R. I MO.</u>
24. FUNERAL DIRECTOR <u>H.M. EATON SULLIVAN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>MARCH 28, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Harison D. Eaton</u>

**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 Jarvis M. Eaton

Licensed Embalmer No. 5066

P. O. Address Fullerton, 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.