

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018290

AMENDED **FILED** Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 173 STATE FILE NUMBER

**1. PLACE OF DEATH**

a. COUNTY Marion

b. CITY (if outside corporate limits, give TOWNSHIP only) Hannibal Length of stay in 1b \_\_\_\_\_

c. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Ralls

c. CITY OR TOWN New London Inside Limits Yes  No

d. STREET ADDRESS \_\_\_\_\_ (If outside, give location) Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First Middle Last LOGIE MITCHELL WEAVER

**4. DATE OF DEATH** Month Day Year May 1, 1961

**5. SEX** Female **6. COLOR OR RACE** White **7. Married**  **Never Married**  **Widowed**  **Divorced**

**8. DATE OF BIRTH** Aug. 17, 1869 **9. AGE (last birthday)** 91

**IF UNDER 1 YEAR** Months 8 Days 14 **IF UNDER 24 HR** Hours \_\_\_\_\_ Min. \_\_\_\_\_

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

**10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_

**11. BIRTHPLACE** (City and state or country) Ralls County Missouri

**12. CITIZEN OF WHAT COUNTRY** U S A

**13a. FATHER'S NAME** Dr. Whitley Grey Hendrix **13b. MOTHER'S MAIDEN NAME** Mollie Boaz

**14. NAME OF HUSBAND OR WIFE** Charles T. Weaver (Dec)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) None

**16. SOCIAL SECURITY NO.** \_\_\_\_\_

**17. INFORMANT** Address Judge Harry G. Weaver New London Missouri

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

**PART I. DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)** Terminal bronchial pneumonia **INTERVAL BETWEEN ONSET AND DEATH** 1 day

**DUE TO (b)** Cardiovascular hypertensive heart disease 12 yrs.

**DUE TO (c)** Uremia 20 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**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 \_\_\_\_\_ s.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** 3/25/49 to 5/1/61 and last saw her/him alive on 5/1/61

Death occurred at 11:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) B.L. Murphy, M.D. **22b. ADDRESS** 100 N. 6th, Hannibal, Mo. **22c. DATE SIGNED** 5/12/61

**23a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **23b. DATE** May 3, 1961 **23c. NAME OF CEMETERY OR CREMATORY** Barkley Cemetery **23d. LOCATION** (City, town, or county) New London Missouri (State) \_\_\_\_\_

**24. FUNERAL DIRECTOR** ADDRESS W. Crawford Smith Hannibal Missouri **25. DATE RECD. BY LOCAL REG.** 5-13-1961 **26. REGISTRAR'S SIGNATURE** Dr. E. M. ...

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. Herman

**STATEMENT BY LICENSED EMBALMER**

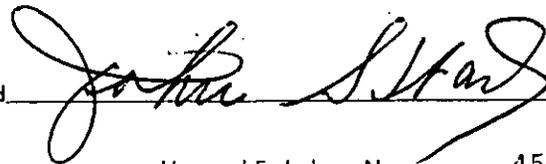
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.