

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-025734
STATE FILE NUMBER

AMENDED

Registration District No. 157 Primary Registration District No. 5588 Registrar's No. 159

FILED JUL 25 1961

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SARCOXIE <i>Jasper</i>		c. CITY OR TOWN Sarcoxie	
Length of stay in 1b approx. 60 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home, Sarcoxie, Rt. 1		d. STREET ADDRESS (If outside, give location) Route 1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Fred Middle Weaver Last			4. DATE OF DEATH Month July Day 15 Year 1961		
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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 4-25-1889	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 72 Days	IF UNDER 24 HR Hours 72 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw mill operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Wright Co.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Peter Weaver	13b. MOTHER'S MAIDEN NAME Mary Rowe	14. NAME OF HUSBAND OR WIFE Lue Garoutte
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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.	17. INFORMANT Elmer Weaver Address Sarcoxie, Mo. Rt. 1
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral hemorrhage		1 yr
DUE TO (b) Cystic - Pyothic		4 months
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. <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.)
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20c. TIME OF INJURY Hour 11:05 a.m. Month, Day, Year 7-10-61	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 W. Stotts City, Mo.	COUNTY W. Stotts City, Mo. STATE
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21. I attended the deceased from **7-10-61** to **7-15-61** and last saw her/him alive on **7-12-61**.
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 <i>[Signature]</i> (Degree, Title) MD	22b. ADDRESS <i>[Signature]</i>	22c. DATE SIGNED 7/19/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-18-1961	23c. NAME OF CEMETERY OR CREMATORY East View Cemetery	23d. LOCATION (City, town, or county) (State) W. Stotts City, Mo.
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24. FUNERAL DIRECTOR H.D. Fossett ADDRESS Mt. Vernon, Mo.	25. DATE RECD. BY LOCAL REG. 7-17-61	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 W D Fassett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon

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.