

MISSOURI DEPARTMENT OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043334

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 78

FILED DEC 6 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethel		Length of stay in 1b 39 yrs.		c. CITY OR TOWN Bethel		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Wesley Last Weekly				4. DATE OF DEATH Month Nov. Day 22 Year 1961			
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 Jan. 24, 1881.	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 9 Days 28	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Thrashing Machine Operator.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Shelby Co. Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Weekly			13b. MOTHER'S MAIDEN NAME Sara Elizabeth Stewart		14. NAME OF HUSBAND OR WIFE Deceased		
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. none		17. INFORMANT Address Mrs Myrtle Latimer, Bethel, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Not determined. Was found dead IMMEDIATE CAUSE (a) no real - no sign of disease - He had been subject to high blood pressure DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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 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 _____ a.m. _____ p.m. Month, Day, Year _____							
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 _____ and last saw him alive on Nov. 11 - 1961 Death occurred at not known on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. C. Overbury M.D. (Degree or title)			22b. ADDRESS Shelbyville Mo			22c. DATE SIGNED 11-25-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 24, 1961	23c. NAME OF CEMETERY OR CREMATORY Bethel Zion Cemetery		23d. LOCATION (City, town, or county) (State) 1 mi. West of Bethel, Missouri			
24. FUNERAL DIRECTOR ADDRESS C W Musgrove, Bethel, Missouri			25. DATE RECD. BY LOCAL REG. Nov-27-61		26. REGISTRAR'S SIGNATURE Ada Garrison		

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. Musgrave

Licensed Embalmer No. 2719
P. O. Address Bethel, 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.