

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035402

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 202

FILED OCT 11 1962

VS 300  
Rev. 4/59

0595  
2595

3  
4 1  
5 0  
6  
7 0  
8 2  
9 X  
10

11 059  
12 91-3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>LIVINGSTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LIVINGSTON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHILLICOTHE</b>		Length of stay in lb <b>17 MONTHS</b>	c. CITY OR TOWN <b>CHILLICOTHE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF DECEASED (If not in hospital, give location) <b>Intersection of 2nd. &amp; Elm Street</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>120 ELM ST.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>PATRICIA LYNN WEAVER</b>		4. DATE OF DEATH Month Day Year <b>OCTOBER 8 1962</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/26/1961</b>		
9. AGE (last birthday) <b>1</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>	11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MO.</b>		
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>ADELBERT WEAVER, JR.</b>			
13b. MOTHER'S MAIDEN NAME <b>RUBY PERRY</b>		14. NAME OF HUSBAND OR WIFE <b>INFANT</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>			
17. INFORMANT <b>Adelbert Weaver, Jr. Chillicothe, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock + Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Crushing Trauma Skull fract.</b> DUE TO (c) <b>Brain Herniation</b> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>inmed</b> <b>inmed</b> <b>inmed</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Injured Head. Crushed by Truck</b>		20c. TIME OF INJURY Hour <b>3:50</b> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year <b>10-8-62</b>			
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.) <b>in street near home Chillicothe 2nd Livingston Mo</b>			
20f. CITY, TOWN, OR LOCATION <b>Chillicothe 2nd Livingston Mo</b>		21. I attended the deceased from <b>birth</b> to <b>3:50 pm 10-8-62</b> and last saw her/him alive on <b>9-3-62</b> Death occurred at <b>3:50</b> P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J.B. Weaver Sr. Coroner</b>		22b. ADDRESS <b>401 Jackson Chillicothe Mo</b>			
22c. DATE SIGNED <b>10-9-62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>			
23b. DATE <b>10-10-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>RESTHAVEN CEMETERY</b>			
23d. LOCATION (City, town, or county) (State) <b>CHILLICOTHE, MISSOURI</b>		24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME: Chillicothe, Mo.</b>			
25. DATE RECD. BY LOCAL REG. <b>Oct 9, 1962</b>		26. REGISTRAR'S SIGNATURE <b>Annsalee Taylor</b>			

Date Taken to Dr. Webber 10/9/62

Date Received from Dr. Webber 10/9/62 1962

**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

*John P. Rodgers*

Licensed Embalmer No. 4963

P. O. Address CHILLICOTHE, 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.