

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-037614

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 57

STATE FILE NUMBER

Great Commission

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 22 1962

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fristoe Township</u>		Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>Edwards</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt I Edwards</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt I</u>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>DARREL WAYNE WEAVER</u>			4. DATE OF DEATH Month Day Year <u>Oct 14, 1962</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>May 30, 1949</u>	9. AGE (last birthday) <u>13</u>	IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Student</u>		11. BIRTHPLACE (City and state or country) <u>WARSAW MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leonard Weaver</u>			13b. MOTHER'S MAIDEN NAME <u>Fern Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>never married</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>Leonard Weaver Fristoe, Mo</u>		

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) <u>accidental drowning</u>		<u>minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cramps Spasms</u>			
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	
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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>went swimming in farm pond by himself</u>		
20c. TIME OF INJURY Hour <u>6:30</u> p.m. Month, Day, Year <u>Oct 14, 1962</u>	20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg, etc.) <u>Farm Pond</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Fristoe</u>	20g. COUNTY <u>Benton</u>	20h. STATE <u>MO</u>	
21. I attended the deceased from <u>6:30 p.</u> to <u>never</u> and last saw <u>never</u> him alive on <u>never</u> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE (Degree or title) <u>John F. Reser (Benton Co. Coroner)</u>		22b. ADDRESS <u>Warsaw</u>		22c. DATE SIGNED <u>Oct 15, 1962</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 18, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cross Timbers Hickory Co. Mo</u>		
24. FUNERAL DIRECTOR <u>John F. Reser</u>		ADDRESS <u>-Warsaw</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 17 1962</u>	26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
6080
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99291
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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 F. Reser
Licensed Embalmer No. 4098

P. O. Address Warsaw

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.