

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042317

DO NOT WRITE ON THIS STUB
 AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1746 STATE FILE NUMBER

FILED DEC 3 1962

VS 300 Rev. 4/59
 0397
 21140
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 4 0
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 94200
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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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b 1 day
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Wright
 c. CITY OR TOWN Grovespring Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Perry Weaver
 4. DATE OF DEATH Month Day Year
November 24 1962
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 11-14-1889 9. AGE (last birthday) 73
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Wright County, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.
 13a. FATHER'S NAME Harve Weaver 13b. MOTHER'S MAIDEN NAME Sarah Dudley 14. NAME OF HUSBAND OR WIFE Lanta Weaver
 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. 48 17. INFORMANT Address Lanta Weaver Grovespring, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Ventricular fibrillation INTERVAL BETWEEN ONSET AND DEATH minutes
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease unk
 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.
 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 Month, Day, Year
 a.m. p.m.
 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 11/20/62 to death and last saw her/him alive on 11/24/62
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Andrew H. Hahn MD 22b. ADDRESS 609 Cherry-Springfield 22c. DATE SIGNED 11/28/62
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-27-1962 23c. NAME OF CEMETERY OR CREMATORY Bramhall Cemetery 23d. LOCATION (City, town, or county) (State) Wright County, Missouri
 24. FUNERAL DIRECTOR ADDRESS Bergman-Miller-Bledsoe Hartville, Mo. 25. DATE RECD. BY LOCAL REG. 11-30-62 26. REGISTRAR'S SIGNATURE Effie S. Mullett

810 02217

JAN 14 1963

Permit 11-24-63

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield 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.