

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002829

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 24

FILED JAN 28 1963

VS 300
Rev. 4/59

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USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1420 South Missouri		d. STREET ADDRESS (If outside, give location) 1420 South Missouri Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First RAMIE Middle LLOYD Last WEATHERS		4. DATE OF DEATH Month January Day 20 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3/26/12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boilermaker-carman		10b. KIND OF BUSINESS OR INDUSTRY Missouri-Pacific Shops	
11. BIRTHPLACE (City and state or country) Lamonte, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John D. Weathers		13b. MOTHER'S MAIDEN NAME Della Spratley	
14. NAME OF HUSBAND OR WIFE Mary Mergen Weathers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. *****		17. INFORMANT Lloyd Dean Weathers, 2501 Dennis Road Sedalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia DUE TO (b) Chronic Diffuse Bronchitis DUE TO (c) years Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Concentric hypertrophy right Ventricle			
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 ☐ a.m. ☐ p.m. Month: Day, Year			
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 19 Dec. 52 to 20 Jan 63 and last saw him alive on 17 Dec 62 Death occurred at 1:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl D. Siegel M.D. (Degree or title)		22b. ADDRESS 4216 West 18th St. Sedalia, Mo.	
22c. DATE SIGNED 24 Jan 63 (State)		23. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/24/63	
23c. LOCATION (City, town, or county) Sedalia, Missouri		24. FUNERAL DIRECTOR Francis Shelby, Jr. ADDRESS Sedalia, Mo.	
25. DATE RECD. BY LOCAL REG. January 22, 1963		26. REGISTRAR'S SIGNATURE F. Anderson	

(Licensed Embalmer's Statement on Reverse Side)

VS
FEB 21 1968

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.