

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015887
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 50

FILED APR 22 1963

VS 300
Rev. 4/59

1 6470

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Iron County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>		Length of stay in 1b <u>Doaway</u>	c. CITY OR TOWN <u>Womack, Star Route</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys of Ozarks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Rt. 3</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Alfred William Weatherington</u>			4. DATE OF DEATH Month Day Year <u>April 11, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/19/22</u>
9. AGE (last birthday) <u>40</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Near Farmington</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Weatherington</u>	
13b. MOTHER'S MAIDEN NAME <u>Effie King</u>		14. NAME OF HUSBAND OR WIFE <u>Letha Weatherington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. <u>21</u>	17. INFORMANT Address <u>Leatha Weatherington Farmington Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic Shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>multiple fractures (skull, cervical vertebrae, jaw)</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) <u>Asphyxiation</u> 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			INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>30 min.</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>fell in 10-foot pit filled with water.</u>	
20c. TIME OF INJURY Hour <u>3</u> Month <u>4</u> Day <u>11</u> Year <u>63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>power dam</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Lesterville, Reynolds, Missouri</u>	
21. I attended the deceased from <u>4-11-63</u> to <u>4-11-63</u> and last saw ^{her} him alive on <u>4-11-63</u> Death occurred at <u>12:35 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. E. Harland M.D.</u>		22b. ADDRESS <u>Ironton, Missouri</u>	22c. DATE SIGNED <u>4/13/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/14/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Libertyville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Libertyville Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>C.H. Cozean Farmington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/14/63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 30 1963

APR 30 1963

STATEMENT BY LICENSED EMBALMER

APR 30 1963

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

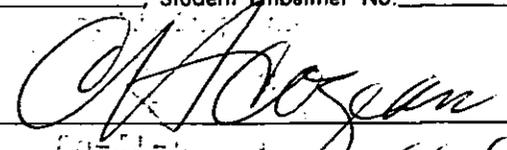
~~_____~~ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 4084

P. O. Address Fargo, N.D.

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.