

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004512

FILED MAR 9 1959

Registration District No. 38 Primary Registration District No. 3006 STATE FILE NUMBER 186 Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY BOONE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE		
b. CITY (If outside corporate limits, give TOWNSHIP only) COLUMBIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SEDALIA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) BOONE COUNTY HOSP		Length of stay in lb 7 DAYS	d. STREET ADDRESS (If outside, give location) ROUTE 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARVEY Middle F. Last WEATHERS			4. DATE OF DEATH Month MAR Day 4 Year 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 27, 1910	9. AGE (In years and birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) Pettis County, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Howard F. Weathers		13b. MOTHER'S MAIDEN NAME Birdie Covington		14. NAME OF HUSBAND OR WIFE Edith Lee Weathers	
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. 702-10-9119		17. INFORMANT Mrs Edith Weathers, Rt. 1, Hamont, 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) OPERATIVE HEMORRHAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) TEAR IN THE LEFT ANKLE DUE TO (c) WIDE SPREAD CA OF RT BRONCHUS					INTERVAL BETWEEN ONSET AND DEATH 15 MIN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.) NONE		
20c. TIME OF INJURY Hour a.m. p.m. NONE			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> WORK			20f. CITY, TOWN, OR LOCATION COLUMBIA		
20g. COUNTY BOONE			20h. STATE MISSOURI		
21. I attended the deceased from 2-27-59 to 3-4-59 and last saw her alive on 3-4-59 Death occurred at 2:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. H. A. Smith M.D.			22b. ADDRESS Stephens Bldg Columbia Mo		22c. DATE SIGNED 3-4-59
23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 3-7-59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Sedalia Mo	
24. FUNERAL DIRECTOR Ralph E. Baker		25. DATE RECD. BY LOCAL REG. March 4 1959		26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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

Ralph E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Bedalia 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.