

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 1 1956

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6137</u>		Registrar's No. _____		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>SHANNON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>SHANNON</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Twp</u>		c. LENGTH OF STAY (in this place) <u>56 yrs</u>		c. CITY OR TOWN <u>WINONA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 1, Winona, Mo</u>				e. STREET ADDRESS (If rural, give location) <u>Rt 1, Winona, Mo</u>				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>Riley</u>	b. (Middle) <u>HEZEKIAH</u>	c. (Last) <u>Weaver</u>	(Month) <u>MARCH</u>	(Day) <u>16</u>	(Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 8 1872</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 12 HRS. Days <u>8</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Hezekiah Weaver</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Brock</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Weaver, Rt 1, Winona Mo</u>					ADDRESS _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>CHRONIC MYOCARDITIS</u>						
		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) ARTEROSCLEROSIS</u>						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>13 MAR 1956</u> to <u>MARCH 15 1956</u> , that I last saw the deceased alive on <u>MARCH 15, 1956</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H. J. Ralline md</u> (Degree or title) _____				23b. ADDRESS <u>Winona Mo</u>		23c. DATE SIGNED <u>4/24-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 18, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Williams Cemetery</u>		24d. LOCATION (City, town, or county) <u>Shannon County Missouri</u> (State) _____			
DATE REC'D BY LOCAL REG. <u>4-30-56</u>		REGISTRAR'S SIGNATURE <u>Mabel Green</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coleman McGowan</u> ADDRESS <u>Law Bureau Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 18 1958

MAY 21 1958

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 *Allen C. McFadden*.....

Licensed Embalmer No. *454*

P. O. Address *Van Buren*

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.