

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5625**

FILED FEB 21 1949

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 5

| | | | |
|--|--|--|-----------------------|
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY OR TOWN <u>Portageville</u> | c. LENGTH OF STAY (in this place) <u>7</u> | c. CITY OR TOWN <u>Portageville</u> | <u>72</u> <u>6</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | <u>3</u> |

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|-------------------------------------|----------------------|----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>W.</u> | b. (Middle) <u>H</u> | c. (Last) <u>Weaver</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb</u> <u>7</u> <u>1949</u> |
|-------------------------------------|----------------------|----------------------|-------------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|--|---|
| 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>March 2 1870</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u> | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|--|---|

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|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxider</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (State or foreign country) <u>Fredericktown, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S</u> |
|--|--|--|---|

| | | |
|--------------------------------------|---|---|
| 13a. FATHER'S NAME <u>don't know</u> | 13b. MOTHER'S MAIDEN NAME <u>don't know</u> | 14. NAME OF HUSBAND OR WIFE <u>don't know</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>don't know</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Fred Funkhouser</u> | ADDRESS <u>Portageville, Mo</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | |
| | DUE TO (c) <u>Smility</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> | | | <u>334</u> |

| | | |
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| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| | | |
|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Portageville</u> <u>Mo</u> |
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| | | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>none</u> |
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22. I hereby certify that I attended the deceased from Jan 1, 1949, to Feb 7, 1949, that I last saw the deceased alive on Feb 7, 1949, and that death occurred at Portageville, from the causes and on the date stated above.

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|---|--------------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Harris A. Carter M.D.</u> | 23b. ADDRESS <u>Portageville, Mo</u> | 23c. DATE SIGNED <u>Feb 7, 1949</u> |
|---|--------------------------------------|-------------------------------------|

| | | | |
|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-9-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo</u> |
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| | | | |
|---|---|--|-------------------|
| DATE REC'D BY LOCAL REG. <u>Feb 7, 1949</u> | REGISTRAR'S SIGNATURE <u>Edwin De Lisle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>De Lisle Funeral Parlor - Portageville</u> | ADDRESS <u>Mo</u> |
|---|---|--|-------------------|

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

RECEIVED

District Health Office No. 2;

District File Number 249-2180

Cover Filed 2-19-29

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
Student Embalmer

Signed L. H. Hedyworth

Licensed Embalmer No. 3803

P. O. Address New Market St

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 this body is not embalmed, fact should be so stated above.