No. 300
10.48

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

Dr. Walls
FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38189

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3912 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Steele, rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Virginia Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Steele rural
d. STREET ADDRESS (If rural, give location): Route 3 Virginia Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Pinkey
c. (Last): Weiner

4. DATE OF DEATH (Month) (Day) (Year): 9-7-49

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-31-
9. AGE (In years last birthday): 67
If under 1 year: Months: 1 Days: 6 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: —
11. BIRTHPLACE (State or foreign country): Clifton Tenn
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Weiner
13b. MOTHER'S MAIDEN NAME: Sarah Harton
14. NAME OF HUSBAND OR WIFE: Fannie Weiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Fannie Weiner
ADDRESS: Steele Mo Rt 3

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, Pulmonary {Bilateral / Advanced} — INTERVAL BETWEEN ONSET AND DEATH: years ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none — 002X

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 10, 1949, *to* August 7, 1949, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J M Walls (Degree or title): M.D.
23b. ADDRESS: Blytheville Ark.
23c. DATE SIGNED: 10-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-8-49
24c. NAME OF CEMETERY OR CREMATORY: Mt Zion
24d. LOCATION (City, town, or county) (State): Steele Mo.

DATE REC'D BY LOCAL REG.: 11-17-49
REGISTRAR'S SIGNATURE: L L Atkinson
249
25. FUNERAL DIRECTOR'S SIGNATURE: Gorman Funeral Home
ADDRESS: Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

12-49-351

DEC 1 REC'D

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.

Signed John H. German

Signed _____
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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