

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19853**

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5472 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> admission) <u>1350</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kennett Rt. 2</u> (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kennett (rural) Rt. 2</u> (in this place) township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rt. 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cordelia</u>		b. (Middle) <u>B.</u>	
c. (Last) <u>Weeks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-25-50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 16-1871</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Ashlock</u>	
14. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Charlie Weeks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J.P. Mathews</u>		ADDRESS <u>Kennett Rt. 2</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL INFORMATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Chronic Myocarditis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		6 wks.	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		4201	
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)		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>12-15</u> , 19 <u>49</u> , to <u>5-25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-25</u> , 19 <u>50</u> , and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Quincy Tawney</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kennett Mo.</u>	
23c. DATE SIGNED <u>6-24-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Walnut Ridge Ark.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob Thompson</u> ADDRESS <u>Walnut Ridge</u>	
DATE REC'D BY LOCAL REG. <u>Jun 30-1950</u>		REGISTRAR'S SIGNATURE <u>Carl Hershberg</u> 90	

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT

7-3-50

COUNTY FILE NUMBER 250-192

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, only

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Bob Higgins

Licensed Embalmer No. 772

P. O. Address W. C. Higgins, P. O. Box 100

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.