

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20837

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 18

0570

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

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elberry</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elberry</b>	
c. LENGTH OF STAY (in this place)		0570	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Brown's Mill Road</b>		d. STREET ADDRESS (If rural, give location) <b>Brown's Mill Road</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>David</b>	c. (Last) <b>Weeks</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 24, 1950</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov. 1, 1871</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm owner - retired</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Samuel S. Weeks</b>	13b. MOTHER'S MAIDEN NAME <b>Eleanora Wilson</b>	14. NAME OF HUSBAND OR WIFE <b>Hattie (Smith) Weeks</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Thomas Weeks</b> ADDRESS <b>Elberry, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA PANCREAS</b>		<b>6 MO ±</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>OBSTRUCTIVE JAUNDICE</b> DUE TO (c)		<b>3 MO</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>157X</b>	
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)
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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?
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22. I hereby certify that I attended the deceased from 3-9, 1950, to 6-24, 1950, that I last saw the deceased alive on 6-23, 1950, and that death occurred at 10:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas Weeks</b>	23b. ADDRESS <b>Elberry, Mo.</b>	23c. DATE SIGNED <b>6/25/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-26-50</b>	24c. NAME OF CEMETERY <b>Elberry City</b>	24d. LOCATION (City, town, or county) (State) <b>Elberry, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6/26/50</b>	REGISTRAR'S SIGNATURE <b>Mrs. J. A. Dwyer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hubert</b> ADDRESS <b>Elberry, Mo.</b>
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RECEIVED  
JUN 8 1950  
District Health Officer  
No. 9,  
District File Number

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed *[Signature]* \_\_\_\_\_

Licensed Embalmer No. 40179

P. O. Address Elsherry, 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 this body is not embalmed, fact should be so stated above.