

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40126

State File No.

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 59

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| 1. PLACE OF DEATH a. COUNTY <u>Clark</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka</u> <u>0230</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>518 W. Commercial St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edson</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Weaver</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-14-1950</u> | | |
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|--------------------|----------------------------|---|-------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 10-1862</u> | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 MRS. Hours _____ Min. _____ |
|--------------------|----------------------------|---|-------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTH PLACE (State or foreign country) <u>Clark Co. Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>Isaac P. Weaver</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Page</u> | 14. NAME OF HUSBAND OR WIFE <u>Edna Brewster</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY # <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Weaver</u> ADDRESS <u>Kahoka</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, asthma, 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) <u>CHRONIC MYOCARDITIS</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>SENILITY,</u> DUE TO (c) <u>CEREBRAL HEMORRHAGE.</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4222</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

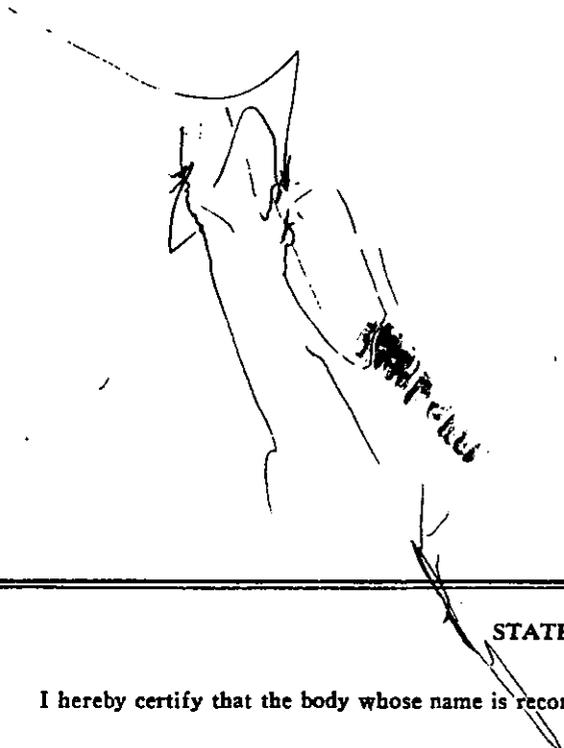
22. I hereby certify that I attended the deceased from 6-4-, 1947, to 12-14-, 1950, that I last saw the deceased alive on 12-14-, 1950, and that death occurred at 12.30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. H. H. Channing D.O.</u> | 23b. ADDRESS <u>Kahoka Mo.</u> | 23c. DATE SIGNED <u>12-17-50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-17-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Acacia Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Clark Co. Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>12/30-50</u> | REGISTRAR'S SIGNATURE <u>J. B. Briggs</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Karle</u> ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



Date Received: JAN 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-13
Date Filed: JAN 10 1951

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.....

Signed.....
Student Embalmer

Signed Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kalaska 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.