.S. No. 300
Rev. 10.48

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

FILED SEP 8 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28002

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6095 Registrar's No. 273

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington RURAL St. Francois
c. LENGTH OF STAY (In this place) 2 das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff, Missouri 0124
d. STREET ADDRESS (If rural, give location) Unknown - Central Hotel

3. NAME OF DECEASED (Type or Print)
a. (First) CAROLYN
b. (Middle) RUTH
c. (Last) WEAVER

4. DATE OF DEATH (Month) (Day) (Year) July 31, 1951

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0
8. DATE OF BIRTH Jan. 23, 1935
9. AGE (In years last birthday) 16 — If under 1 year: Months 6, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fagus, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William T. Weaver
13b. MOTHER'S MAIDEN NAME Birdie Wells
14. NAME OF HUSBAND OR WIFE

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. Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS Records State Hospital No. 4, Farmington, Mo.

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) Acute Maniacal Exhaustion - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH: 2 das.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Septicemia, cause unknown, — 2 das.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 0534
20. AUTOPSY? YES [X] 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 29, *19*51, *to* July 31, *19*51, *that I last saw the deceased alive on* July 31, *19*51, *and that death occurred at* 6:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE John A. Brennan, M.D. (Degree or title)
23b. ADDRESS State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED 7-31-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 8-2-51
24c. NAME OF CEMETERY OR CREMATORY Malden Cemetery
24d. LOCATION (City, town, or county) (State) Malden, Missouri

DATE REC'D BY LOCAL REG. Aug 29, 1951
REGISTRAR'S SIGNATURE Esther Rudloff 289
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS Greer-Croy-Fitch, Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 5 - 1951
DISTRICT HEALTH OFFICE No. 4
File No.

SEP 11

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Md

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.