S. No. 300
v. 10.48

FILED FEB 18 1952

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 4683

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 132

**1. PLACE OF DEATH**
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 814 S Nettleton

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): 814 South Nettleton 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): WILLIAM
b. (Middle): PERRY
c. (Last): WEATHERMAN

**4. DATE OF DEATH** (Month) (Day) (Year): February 11 1952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 20, 1886
**9. AGE** (In years last birthday): 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Rosa M Weatherman

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: 491-03-1937
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs Rosa M. Weatherman, Springfield, M

**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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerotic H.D. — 4 yrs.
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** 4200
**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* Feb 4, 1951, *to* Feb 12, 1952, *that I last saw the deceased alive on* Feb 4, 1951, *and that death occurred at* 10:45A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** [illegible] 0 (Degree or title): M.D.
**23b. ADDRESS**: Springfield, Mo
**23c. DATE SIGNED**: 2-11-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2-17-52
**24c. NAME OF CEMETERY OR CREMATORY**: Maple Park
**24d. LOCATION** (City, town, or county) (State): Springfield Mo

**DATE REC'D BY LOCAL REG.**: 2-12-52
**REGISTRAR'S SIGNATURE**: James R. Amos, M.D. per E.W.
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Alma Lohmeyer — Springfield, Mo J.W.

(Licensed Embalmer's Statement on Reverse Side)

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

0396

Hansa
Med dtl

FEB 29 1960

## 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 Gene E. Hunter

Signed _____
Student Embalmer

Licensed Embalmer No. 4739

P. O. Address Springfield, 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.