

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4703

State File No.

FILED FEB 25 1952

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5453 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Brookline</u>	c. LENGTH OF STAY (in this place) <u>8 Yr.</u>	c. CITY OR TOWN <u>Brookline</u> <u>139.7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No Street Address</u>		d. STREET ADDRESS (If rural, give location) <u></u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VINA</u> b. (Middle) <u>-</u> c. (Last) <u>WEAVER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 19 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1-29-1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u>	IF UNDER 1 HRS. Hours <u></u> Mins. <u></u>
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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>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>JESSIE CLIMER</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>AHEL WEAVER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Iva Mitchell</u>	ADDRESS <u>Brookline, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>senility</u>		
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 <u>444X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from Feb 6, 1952, to Feb. 19, 1952, that I last saw the deceased alive on Feb. 19, 1952, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. B. Mitchell M.D.</u>	23b. ADDRESS <u>P.O. Box 248 Republic, Mo.</u>	23c. DATE SIGNED <u>Feb. 20, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prospect Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greene, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-21-52</u>	REGISTRAR'S SIGNATURE <u>James R. Amos, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max Speck</u>	ADDRESS <u>John St. M.E. Robb Republic, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 John L. McHabb
Licensed Embalmer No. 4635

P. O. Address Republic, 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.