

FILED FEB 19 1952

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 11

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid,</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid, 0721</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u> | | | |

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|---|----------------------------------|--|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>H.</u> c. (Last) <u>Weaks</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1/26/52</u> | | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 10, 1914</u> | 9. AGE (In years last birthday) <u>37</u> | 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) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-- --</u> | | 11. BIRTHPLACE (State or foreign country) <u>New Madrid, Co. Mo.</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Wm. Henry Weaks</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lora Robinson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lillian Weaks</u> | |
| 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 NO. <u>No.</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. W. Eby, Matthews, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Carcinoma</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>11-30-51</u> <u>to 1-26-52</u> |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>151X</u> | | 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 11-30, 1951, to 1-26, 1952, that I last saw the deceased alive on 1-26, 1952, and that death occurred at 11:10 P.m., from the causes and on the date stated above.

| | | | | | |
|---|--|--------------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Alden P. Sargent, M.D.</u> | | 23b. ADDRESS <u>Sikeston, Mo.</u> | | 23c. DATE SIGNED <u>1-30-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/28/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u> | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>2-12-52</u> | | REGISTRAR'S SIGNATURE <u>Heleen Louise Jones</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richards Und't Co. New Madrid, Mo.</u> | |
|--|--|---|--|---|--|

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

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 *Geo. Higgineth*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid*

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.