No. 300
10.48

FILED MAR 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11806

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6220 Registrar's No. _____

580
3

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Harrison Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Road N

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Harrison Township
d. STREET ADDRESS (If rural, give location): 1080

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Thomas
c. (Last): Weaver

4. DATE OF DEATH (Month) (Day) (Year): 3 - 17 - 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 24, 1875
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 2, Days 23 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scott Co. Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Reuben Weaver
13b. MOTHER'S MAIDEN NAME: Sarah Smith
14. NAME OF HUSBAND OR WIFE: Mrs. Alice Weaver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Alice Weaver — ADDRESS: Moundville, 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) Crushed Chest. E8161-26 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Collision of car and Truck. Truck hit car left side
DUE TO (c) which Mr. Weaver was driving.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Verdict of Coroners Jury "An Unavoidable accident"

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: (was Killed instantly in car)
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Road N
21c. (CITY, TOWN, OR TOWNSHIP) Harrison Tp. 108 (COUNTY) Vernon (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 - 17 - 52 4:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Collision of Truck and car

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I ~~last~~ saw the deceased alive on _____, 19__, and that death occurred at 4:30 p. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter D. Thurman, Coroner
23b. ADDRESS: Nevada Missouri
23c. DATE SIGNED: 3-19-52

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24b. DATE: 3-21-52
24c. NAME OF CEMETERY OR CREMATORY: Welborn Cemetery
24d. LOCATION (City, town, or county) (State): Near Moundville Mo.

DATE REC'D BY LOCAL REG. Mar 24 1952 — REGISTRAR'S SIGNATURE: Mrs Ruth Faith — 33c
25. FUNERAL DIRECTOR'S SIGNATURE: Allen V. Hays — ADDRESS: Nevada Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 22 1952

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.