

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36034

FILED OCT 21 1952

BIRTH NO. REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6229 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) 2 mi West of Ellington		c. CITY (If outside corporate limits, write RURAL and give township) Charleston	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 506 S main	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Highway 106			

3. NAME OF DECEASED (Type or Print) Leverke	(First)	(Middle)	(Last) Weaver	4. DATE OF DEATH (Month) (Day) (Year) Oct 5-52
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov-12-1939	9. AGE (in years) (Months) (Days) (Hours) (Min.) 12 10 23
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student	10b. KIND OF BUSINESS OR INDUSTRY grade school	11. BIRTHPLACE (State or foreign country) Eminence Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Loren E. Weaver	13b. MOTHER'S MAIDEN NAME Leona Williams	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Loren Weaver	ADDRESS Charleston Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3 ton truck run into back street & burned		
	ANTECEDENT CAUSES Morbid 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.		E8230 32	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ellington (Logan) Reynolds Mo.
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21d. TIME OF INJURY 10:52 AM	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 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 3 (Coroner)	23b. ADDRESS Centerville Mo	23c. DATE SIGNED 10/8/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-7-52	24c. NAME OF CEMETERY OR CREMATORY Williams family	24d. LOCATION (City, town, or county) (State) Shannon Mo.
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DATE REC'D BY LOCAL REG Oct 14-52	REGISTRAR'S SIGNATURE Essie Evans	25. GENERAL DIRECTOR'S SIGNATURE Seaton Hewitt	ADDRESS Van Buren Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

930
3

MAR 18 1953

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 Seaton Perwith

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.