

## STANDARD CERTIFICATE OF DEATH

State File No. **36035**

OCT 21 1952

BIRTH NO. _____		REG. DIST. NO. <b>300</b>		PRIMARY REG. DIST. NO. <b>6029</b>		Registrar's No. <b>19</b>	
1. PLACE OF DEATH a. COUNTY <b>Reynolds</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>mo.</b> b. COUNTY <b>Miss.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>2 mi West of Ellington Bogan</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston</b>		d. STREET ADDRESS (If rural, give location) <b>506 S main</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>U.S. Highway #106</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 5 1952</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Loren</b>		b. (Middle) <b>Ellis</b>		c. (Last) <b>Weaver</b>		5. SEX <b>M</b>	
6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov 2 1908</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>43 11 3</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>live Stock</b>		11. BIRTHPLACE (State or foreign country) <b>Shannon Co. - MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Riley A. Weaver</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthia Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Williams Virginia Weaver</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Loren Weaver Charleston Mo</b>			
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) <b>3 ton truck run into bank overturn and burned</b> 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. <b>E8230</b> <b>39</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>090</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SURGE THORNSIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Ellington (Bogan) Reynolds Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10 5 52 11:00 AM</b>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:00 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. D. Pyle</b>				23b. ADDRESS <b>3 coroner Centerville, Mo.</b>		23c. DATE SIGNED <b>10/9/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 7, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Williams Family</b>		24d. LOCATION (City, town, or county) (State) <b>Shannon Co. MO.</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 14 - 59</b>		REGISTRAR'S SIGNATURE <b>Bessie Evans</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Seaton Lewis</b>		ADDRESS <b>Van Buren</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 18 1933

MAR 18 1933

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.