

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41923

State File No.

FILED DEC 16 1952

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside of corporate limits, write RURAL and give township) OR TOWN <u>Senath. 0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Harlin</u> c. (Last) <u>Weaver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 10, 1952</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWER (Specify) <u>Married</u>	8. DATE OF BIRTH <u>25 April 1874</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>Retired Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ARK</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>

13a. FATHER'S NAME <u>William Weaver</u>		13b. MOTHER'S MIDDLE NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sara Weaver</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>991-162009</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sara Weaver Senath Mo.</u>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterior chronic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intertrochanteric Fracture</u>		
	DUE TO (c) <u>it hip</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Nov. 7, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric of hip</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Senath</u> (COUNTY) <u>Dunklin</u> (STATE) <u>MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 5 1952 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car accident</u>	

22. I hereby certify that I attended the deceased from Nov. 5, 1952 to Nov. 10, 1952, that I last saw the deceased alive on Nov. 9, 1952, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul C. Wittenberg</u>		23b. ADDRESS <u>919 S. Jackson</u>		23c. DATE SIGNED <u>12-6-52</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 12, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Senath, Cem. Senath, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Senath, Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Ferrel Senath Mo.</u>		DATE REC'D BY LOCAL REG. <u>12-8-52</u> REGISTRAR'S SIGNATURE <u>Paul Wittenberg</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD.

352

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RECEIVED DUNRLIN COUNTY HEALTH
DEPARTMENT 12-9-52
COUNTY FILE NUMBER 1219-373

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Edwin L. Curmon*

Licensed Embalmer No. *4840*

P. O. Address *Seneca, 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.