

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 167

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4034 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL 4070	
c. LENGTH OF STAY (In this place) 33 YEARS		d. STREET ADDRESS (If rural, give location) FAYETTE & POPULAR ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAYETTE & POPULAR ST.			

3. NAME OF DECEASED (Type or Print) a. (First) ABRAHAM b. (Middle) LINCOLN c. (Last) WEATHERMAN			4. DATE OF DEATH (Month) (Day) (Year) JAN-30-1953		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH JAN-1-1861	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 0 Days 29	IF UNDER 1000 Hours Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER.	10b. KIND OF BUSINESS OR INDUSTRY CARPENTER.	11. BIRTHPLACE (City and State or Foreign Country) WALNUT SHADE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES WEATHERMAN	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME James Weatherman, Rich Hill Mo.	ADDRESS
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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, athermia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 24 HRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4341		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **JAN 16 1953**, to **JAN 30 1953**, that I last saw the deceased alive on **JAN 11 1953**, and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edna J. [Signature]	(Degree or title)	23b. ADDRESS Rich Hill Mo	23c. DATE SIGNED JAN 19 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB-1-1953	24c. NAME OF CEMETERY OR CREMATORY WALNUT SHADE CEM	24d. LOCATION (City, town, or county) (State) WALNUT SHADE, MISSOURI
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DATE REC'D BY LOCAL REG. Feb 2 1953	REGISTRAR'S SIGNATURE Mrs. Edna J. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Rich Hill Mo
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(Licensee Embalmer's Statement on Reverse Side)

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

4070
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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 Robert S. Stenbeck

Licensed Embalmer No. 4657

P. O. Address Rutledge, 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.