

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17220

FILED JUN 3 1953
BIRTH NO. 27825 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 State File No. Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <u>Butler 0124</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Clay #030</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Success 8</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Finney Lee Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Lonnie</u> b. (Middle) <u>Leo</u> c. (Last) <u>Weaver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>May 21, 1953</u>		9. AGE (In years last birthday) <u>4</u> IF UNDER 1 YEAR Months <u>4</u> IF UNDER 12 HRS. Days <u>4</u> Hours <u>Min.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	
				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jessie Weaver</u>		13b. MOTHER'S MAIDEN NAME <u>Rosemary Powell</u>		14. NAME OF HUSBAND OR WIFE <u>✓</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie Weaver, Success, Ark. - Rt. 1</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>7630</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 May 21, 1953 to May 25, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Murrell</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>5/26/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Williams Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Coring, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>5/29/53</u>		REGISTRAR'S SIGNATURE <u>R. W. Murrell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. Lacks Mortuary Corning, Ark.</u>	

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

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JUN 2 1953

FILE NO. _____
BUTLER CO. HEALTH CENTER

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FILE No. _____

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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 _____

working under my personal supervision.

Student Embalmer No. _____

Not Embalmed

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.