

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39901

State File No. ....

FILED NOV 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 332

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Sedalia</u> |  | c. CITY (If outside corporate limits, write RURAL and give township).<br>OR TOWN <u>Sedalia</u>  |  |
| c. LENGTH OF STAY (in this place) <u>18 mos.</u>   |  | d. STREET ADDRESS (If rural, give location) <u>1502 S. Ohio</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>                               |  |  |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>KATHLEEN</u> c. (Last) <u>WEAVER</u> |  |   | 4. DATE OF DEATH <u>Nov. 9, 1953</u><br>(Month) (Day) (Year) |   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>White</u>                 |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>        |  |
| 8. DATE OF BIRTH <u>May 21, 1952</u>  |  | 9. AGE (In years last birthday) <u>1</u>      |  | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>         |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Missouri</u> |  |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Thomas Weaver</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Ann Leicher</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Infant</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>None</u>          |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Thomas Weaver, Sedalia, Mo.</u> |  |

|   |  |   |  |  |                                  |
|---|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Asphyxiation</u><br>DUE TO (c) <u>Aspiration from acute fulminating Tracheo-bronchitis</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  | INTERVAL BETWEEN ONSET AND DEATH |
|---|--|---|--|--|----------------------------------|

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION <u>500x</u>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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 5-21-1952 to 11-9-1953, that I last saw the deceased alive on 11-9-1953, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

|   |  |                                  |  |   |  |
|---|--|----------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>J. M. Rodeman, M.D.</u> |  | 23b. ADDRESS <u>Sedalia, Mo.</u> |  | 23c. DATE SIGNED <u>11-10-53</u>                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>     |  | 24b. DATE <u>11/12/1953</u>      |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>     |  |
|   |  |                                  |  | 24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u> |  |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>NOV 19 1953</u> |  | REGISTRAR'S SIGNATURE <u>Ernest A. Bridger</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Heckart, Sedalia, Mo.</u> |  |
|---|--|--|--|---|--|

GILLESPIE FUNERAL HOME  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.