

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 12 1954

BIRTH NO. ... REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 54-1

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade	
b. CITY OR TOWN Greenfield		c. CITY OR TOWN Greenfield	
c. LENGTH OF STAY (in this place) 3 years		d. STREET ADDRESS (If rural, give location) 413 Water St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 413 Water St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Albert	b. (Middle) B.	c. (Last) Weir	4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 6, 1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 7 Days 0	IF UNDER 24 HRS. Hours - Mins. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Lumberman	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Whitfield Weir	13b. MOTHER'S MAIDEN NAME Amanda Comer	14. NAME OF HUSBAND OR WIFE Lettie Weir
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME V.W. Weir	ADDRESS 213 Garrett St; Greenfield, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	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"/>
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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)
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 **Jan 3, 1954**, to **Jan 6, 1954**, that I last saw the deceased alive on **Jan 5, 1954**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W O Cowan M D	23b. ADDRESS Greenfield, Mo.	23c. DATE SIGNED 1-7-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-7-1954	24c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery	24d. LOCATION (City, town, or county) (State) Ash Grove, Missouri
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DATE REC'D BY LOCAL REG. 1-7-54	REGISTRAR'S SIGNATURE J. C. Canada	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada	ADDRESS Greenfield, Mo.
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No. 300
10.48

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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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.