

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4100**

BIRTH NO. <b>FILED MAR 8 1954</b>		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>230</b>
1. PLACE OF DEATH <b>Missouri Methodist Hospital</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <b>Buchanan County</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Holt Co. Mo.</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mound City, Missouri</b>		
c. LENGTH OF STAY (in this place) <b>20 min.</b>		d. STREET ADDRESS (If rural, give location) <b>St. Joseph, Missouri</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		d. STREET ADDRESS <b>St. Joseph, Missouri</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Annie Eliza</b>	b. (Middle)	c. (Last) <b>Weightman</b>
5. SEX <b>Fm</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>
8. DATE OF BIRTH <b>Aug. 20, 1874</b>		9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mound City, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>William C. Andes</b>		
13b. MOTHER'S MAIDEN NAME <b>Emma Schaeffer</b>		14. NAME OF HUSBAND OR WIFE <b>William H. Weightman</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W. H. Weightman</b>
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) <b>none</b>		DUE TO (c) <b>none</b>		
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		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 <b>March 1, 1954</b> , to <b>March 1, 1954</b> , that I last saw the deceased alive on <b>March 1, 1954</b> , and that death occurred at <b>3:00 PM</b> from the causes and on the date stated above.				
23a. SIGNATURE <b>D. B. Perry, M.D.</b>		23b. ADDRESS <b>Mound City, Missouri</b>		23c. DATE SIGNED <b>3/1/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-3-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope</b>
24d. LOCATION (City, town, or county) <b>Mound City, Mo.</b>		24e. GENERAL DIRECTOR'S SIGNATURE <b>James Crawford</b>		
DATE REC'D BY LOCAL REG. <b>Mar. 1, 1954</b>		REGISTRAR'S SIGNATURE <b>Kathleen McAllison</b>		ADDRESS <b>Mound City, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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 *James H. Crawford*  
Licensed Embalmer No. *4796*

P. O. Address *Mound City, 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.