

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21727
Registrar's No. 116

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 116	
1. PLACE OF DEATH a. COUNTY <i>Saline</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Marshall, Mo</i>		c. LENGTH OF STAY (In this place) <i>6 months</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Higginsville 0541</i>		d. STREET ADDRESS (If rural, give location) <i>22nd St. Higginsville</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Marshall Rest Home</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>July 6, 1954</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>H.</i> c. (Last) <i>Weaver</i>			5. SEX <i>Male</i>			6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>July 12, 1879</i>		9. AGE (In years last birthday) Months Days <i>74 11 24</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmers</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Odesa, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>United States</i>	
13a. FATHER'S NAME <i>Thomas Weaver</i>		13b. MOTHER'S MAIDEN NAME <i>Georgia Franks</i>		14. NAME OF HUSBAND OR WIFE <i>Marv. Gertrude McDowell</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Virginia Lee Day</i> ADDRESS <i>539 Jefferson</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity 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 <i>331X</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <i>7-5-54</i> , 19 <i>54</i> , to <i>7-6-54</i> , that I last saw the deceased alive on <i>7-6-54</i> , and that death occurred at <i>7:10 Am.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>James C. Reed M.D.</i>				23b. ADDRESS <i>Marshall Mo</i>		23c. DATE SIGNED <i>7-7-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>7-8-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Odesa</i>		24d. LOCATION (City, town, or county) (State) <i>Odesa Mo</i>	
DATE REC'D BY LOCAL REG. <i>7-8-54</i>		REGISTRAR'S SIGNATURE <i>Wesley T. Gray</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Forrest H. Barber Higginsville Mo.</i>			

(Licensed Embalmers' 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 Forrest A. Hooper

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.