

No. 300  
10.48

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22316**

BIRTH NO. --- REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5157** Registrar's No. **233**

140

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Callaway</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rual, Auxvasse Twp.</b>		c. LENGTH OF STAY (in this place) <b>10 yrs.</b>	c. CITY OR TOWN <b>Portland</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D.#1, Portland</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>R.F.D. #1,</b>		<b>0049</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <b>LIZZIE</b>	b. (Middle)	c. (Last) <b>WEIDLER</b>	(Month) <b>July</b>	(Day) <b>30</b>	(Year) <b>54</b>

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 23, 1870</b>	<b>9. AGE</b> (In years, last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kentucky</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		

<b>13a. FATHER'S NAME</b> <b>John M. Smith</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Nannie Emison</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>D.K.</b>
---	--	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Roy Harrison, Portland, Mo.</b>	<b>ADDRESS</b>
--	---	---	----------------

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>unknown</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Senility without dementia</b>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> —	<b>19b. MAJOR FINDINGS OF OPERATION</b> —	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>794 X</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

**22. I hereby certify that I attended the deceased from 5-21, 1954, to 6-1, 1954, that I last saw the deceased alive on 6-1, 1954, and that death occurred at 11:15 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Ernest S. Gantt</b>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>Mexico, Mo.</b>	<b>23c. DATE SIGNED</b> <b>8-3-54</b>
---	----------------------------------	---	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>July 31, 54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Elmwood</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Mexico, Mo.</b>
--	--	---	--

<b>DATE REC'D BY LOCAL REG.</b> <b>Aug. 3-1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Margaret Lawrence</b>	<b>426</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Paul S. Beck</b>	<b>ADDRESS</b> <b>Mexico, Mo.</b>
---	--	------------	--	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

---

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.....  
Signature of Student Embalmer

Signed *Billy Jack Skinner*.....

Licensed Embalmer No. 4784....

P. O. Address Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.