

FILED DEC 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36873

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>74</u>		PRIMARY REG. DIST. NO. <u>5293</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Atehison Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Atehison Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. I GOWER, MO. 0230</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F. D. I GOWER MO.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>PRICE</u> b. (Middle) <u>JENNINGS</u> c. (Last) <u>WEATLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 25 1954</u>				
5. SEX <u>♂</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 7 1898</u>		9. AGE (In years last birthday) <u>56</u> <u>6</u> <u>18</u> <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clinton County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Willard C. Weatley</u>			13b. MOTHER'S MAIDEN NAME <u>Berna Vista Moxley</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth M. Weatley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss. Ruth M. Weatley Gower, MO.</u>		ADDRESS		
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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				DUE TO (b) <u>myocardial</u>			<u>1 hr</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			<u>1 yr</u>
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 <u>4201</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 <u>Nov 25, 1954</u> to <u>Nov 25, 1954</u> , that I last saw the deceased alive on <u>Nov 25, 1954</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. B. Shalinger</u>				23b. ADDRESS <u>Plattsburg Mo</u>		23c. DATE SIGNED <u>Nov 26 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Allen</u>		24d. LOCATION (City, town, or county) (State) <u>GOWER MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>Nov 27-54</u>		REGISTRAR'S SIGNATURE <u>Elizabeth L. Scarce</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Lyon</u> ADDRESS <u>Plattsburg, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 31 1938

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Daniel D. Lyon

Signed.....

Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

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.