

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40077

State File No. _____

FILED DEC 30 1955

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5336 Registrar's No. 55-99

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>Missouri</u> - b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Center twp.</u>		c. CITY OR TOWN <u>Greenfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 years</u>		e. STREET ADDRESS (If rural, give location) <u>2 mi. E. of Greenfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. E. of Greenfield</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Horace</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Weir</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 14, 1867</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Samuel J. Weir</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Lee Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie Caroline Weir</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W.H. Weir; Rt #1, Greenfield, Mo.</u>	ADDRESS _____
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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, asphyxia, 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>Ch nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Failure</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592x</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10-10, 1955, to 12-22, 1955, that I last saw the deceased alive on 12-20, 1955, and that death occurred at 2:08 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. C. Cowan M.D.</u>	23b. ADDRESS <u>Greenfield, Mo.</u>	23c. DATE SIGNED <u>12/22/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-22-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Greenfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-22-55</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada 478</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada, Greenfield, Mo.</u>	ADDRESS _____
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JAN 26 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, ~~or by~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *J. C. Canada*

Licensed Embalmer No. *419*

P. O. Address *Greenfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.