

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7890

State File No. _____

FILED FEB 20 1956

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6268 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Alabama b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give OR Rural, Ozark Township) Newville		c. CITY OR TOWN Newville	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)		e. STREET ADDRESS (If rural, give location) Route #1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Dan b. (Middle) (NMI) c. (Last) Weathington			4. DATE OF DEATH (Month) (Day) (Year) February 12, 1956		
5. SEX Male	6. COLOR OR RACE Cau	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 24 May 1933	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and State or Foreign Country) Alabama		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bud Weathington	13b. MOTHER'S MAIDEN NAME Esthma (Unknown)	14. NAME OF HUSBAND OR WIFE None
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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) Yes Since 11 Jan 54	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME US Army Hospital G. S. Milligan, Major, MSC, Ft. Leonard Wood, Mo.
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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, ashenia, 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) ASPHYXIA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARBON MONOXIDE POISONING DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8919	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 46	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) COUNTRY	21c. (CITY, TOWN, OR TOWNSHIP) 117 (COUNTY) WEBSTER MO. (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-12-56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? ASPHYXIATION IN CLOSED CAR.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **APPROX. 7:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) Dr.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 2/12/56
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24. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb 13 1956	24c. NAME OF CEMETERY OR CREMATORY Headland Cemetery	24d. LOCATION (City, town, or county) (State) Headland Alabama
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DATE REC'D BY LOCAL REG. 2-17-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS HEDGES FUNERAL HOMES INC CROCKER
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
0.48

FEB 28 1956

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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.....
Clarence Jones

Licensed Embalmer No. 4826

P. O. Address *Way...*

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.