

FILED MAR 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 8675
Registrar's No. 564

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5431

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Prairie Twp.) | | c. CITY OR TOWN Lonedell | 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) | | STREET ADDRESS (If rural, give location) Prairie Twp | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lonedell Route | | | |

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|-------------------------------------|-------------------------|----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Henry | b. (Middle) B | c. (Last) Weada | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1956 |
|-------------------------------------|-------------------------|----------------------|------------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Mar. 10, 1872 | 9. AGE (In years last birthday) 83 | 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) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Harmon Weada | 13b. MOTHER'S MAIDEN NAME Caroline Shinstock | 14. NAME OF HUSBAND OR WIFE Fannie Weada |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Fannie Weada | ADDRESS Lonedell, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH years- |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia | | |
| | 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. Chronic Cystitis of Prostate | | |

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| 19a. DATE OF OPERATION and 1/24-1956 | 19b. MAJOR FINDINGS OF OPERATION Stenosis in Bladder. Prostate operation | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) 604X (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 **11-24-54** to **2-23-56**, that I last saw the deceased alive on **2-19-56** and that death occurred at **5 P.** m., from the causes and on the date stated above.

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|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE W. E. Mitchell M.D. (Degree or title) | 23b. ADDRESS 21-Clair mo | 23c. DATE SIGNED 2/24-56 |
|---|---------------------------------|---------------------------------|

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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-27-56 | 24c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery | 24d. LOCATION (City, town, or county) (State) Lonedell, Mo. |
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| DATE REC'D BY LOCAL REG. 2/24/56 | REGISTRAR'S SIGNATURE Aloyd Williams | 25. FUNERAL DIRECTOR'S SIGNATURE Casey ADDRESS St. Clair Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

511

MAR 28 1956

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 *K. M. Lemot*.....

Licensed Embalmer No. *3601*
P. O. Address *St. Clair*.....

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.