

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **17304**

FILED JUN 1 1956

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5943** Registrar's No. **92**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MO b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Spring Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Phelps	
c. LENGTH OF STAY (In this place) 20 yrs		d. STREET ADDRESS (If rural, give location) 1 Mi W of Kimble MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Kimble			

3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Isdola c. (Last) Weaver			4. DATE OF DEATH (Month) (Day) (Year) May-19-1956		
5. SEX Fe	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 23, 1879	9. AGE (In years) (Month) (Day) (Hours) (Min.) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (City and State or Foreign Country) Bewlah MO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Dick Johnson		13b. MOTHER'S MAIDEN NAME Jennie Vaden	
14. NAME OF HUSBAND OR WIFE Fred Weaver		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ✓	
17. INFORMANT'S SIGNATURE OR NAME Lilla Black		18. ADDRESS Phelps MO			

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac & pulmonary arrest			INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe gastric hemorrhage DUE TO (c) adenocarcinoma of the stomach				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. senility				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	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) (Min.)	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 **Jan 1855**, to **May 17, 1956**, that I last saw the deceased alive on **May 17, 1956**, and that death occurred at **4:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE B. J. Myers D.O.	(Degree or title)	23b. ADDRESS Licking, Mo	23c. DATE SIGNED 5-21-56
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5-21-56	24c. NAME OF CEMETERY OR CREMATORY Hatcherson Cem.	24d. LOCATION (City, town, or county) (State) South Phelps County, Mo
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DATE REC'D BY LOCAL REG. May 21, 1956	REGISTRAR'S SIGNATURE Nadine L. Stool	25. FUNERAL DIRECTOR'S SIGNATURE Smith & Ferguson	ADDRESS Licking, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 424

Date Filed MAY 29 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
Student Embalmer

Signed Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Leeting 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 this body is not embalmed, fact should be so stated above.