THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19261

BIRTH NO. FILED JUN 11 1956 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 94

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
c. LENGTH OF STAY (in this place): 9Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbon Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN: Marshall
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 524 North Odell 0972

3. NAME OF DECEASED (Type or Print)
a. (First): Ural
b. (Middle): Bennett
c. (Last): Weaver

4. DATE OF DEATH (Month) (Day) (Year): June 7 1956

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 8 1896
9. AGE (In years last birthday): 60 — If under 1 year: Months 1, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and State or Foreign Country): Shackelford, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James A. Weaver
13b. MOTHER'S MAIDEN NAME: Mollie Carter
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 1
16. SOCIAL SECURITY NO.: 489-38-0393
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Roy Pointer-Marshall, Mo. R.F.D.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lymphatic Leucaemia — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

ANTECEDENT CAUSES
Morbid 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. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 2040
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1955, *to* June 7, 1956, *that I last saw the deceased alive on* June 7, 1956, *and that death occurred at* 8:10 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. R. Nix M.D.
23b. ADDRESS: Marshall, Mo
23c. DATE SIGNED: 6-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/9/56
24c. NAME OF CEMETERY OR CREMATORY: Union Cemetery
24d. LOCATION (City, town, or county) (State): 5 Mi N. West of Marshall, Mo

DATE REC'D BY LOCAL REG.: 6-8-56
REGISTRAR'S SIGNATURE: Cecil G. Read
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J. Leslie Sweeney-Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1957

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. Leslie Sweeney.....

Licensed Embalmer No...3 2

P. O. Address Marsha

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