

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20335**

FILED JUL 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **3528** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Hickory</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Hickory</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>	c. LENGTH OF STAY (in this place) <b>3 years</b>	c. CITY OR TOWN <b>Weaubleau</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 miles S.E. of Weaubleau</b>		e. STREET ADDRESS (If rural, give location) <b>3 miles S.E. of Weaubleau</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cecil</b> b. (Middle) <b>W</b> c. (Last) <b>Weaver</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 2-1956</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 31-1900</b>	9. AGE (In years last birthday) <b>55</b>	10. MONTHS <b>10</b>	11. DAYS <b>1</b>	12. IF UNDER 18 Hrs. Mths. <b>0</b>
10a. USUAL OCCUPATION (Obviate kind of work depending most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bentonville Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Leaac Weaver</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Justice</b>	14. NAME OF HUSBAND OR WIFE <b>Opal Weaver</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Opal Weaver - Weaubleau, Mo</b>
18. CAUSE OF DEATH Enter only concise 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.		19. ADDRESS <b>151X</b>

19. CAUSE OF DEATH Enter only concise 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) <b>Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>hub day</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Due to (b) Cancer of Stomach 1 year</b>		
19b. MAJOR FINDINGS OF OPERATION		19a. DATE OF OPERATION		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)	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 **Apr 15, 1955**, to **July 2, 1956**, that I last saw the deceased alive on **June 30, 1956**, and that death occurred at **1220 m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. E. Briggs, D.C.</b>	23b. ADDRESS <b>Wheatland, Mo</b>	23c. DATE SIGNED <b>7-2-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-3-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shiloh Center</b>
24d. LOCATION (City, town, or county) (State) <b>Benton Co. Mo</b>		

DATE REC'D BY LOCAL REG. <b>7-3-1956</b>	REGISTRAR'S SIGNATURE <b>May Johnson</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>Robert H. Thayer - Wheatland, Mo</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Chas Gilbert H. Neway*

Licensed Embalmer No. *426*

P. O. Address *Wheatland*

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.