

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **38797**

FILED NOV 23 1956

Registrar's No. **65**

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4323		State File No. 38797		Registrar's No. 65	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer					
b. CITY (If outside corporate limits, write RURAL and give town) Ravanna			c. LENGTH OF STAY (If in place) Life		c. CITY OR TOWN Ravanna		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) 065 2					
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) E.		c. (Last) Weaver		4. DATE OF DEATH (Month) (Day) (Year) Nov. 7th 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 8-31-1869		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 2 Days 15	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ravanna, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joshua Fleming Hamilton			13b. MOTHER'S MAIDEN NAME Sarah Frances Evans			14. NAME OF HUSBAND OR WIFE Charles L. Weaver			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Dr. H.F. Wilson ADDRESS					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Uremia						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 1 , 19 56 to Nov. 7, 1956 , that I last saw the deceased alive on Nov 7, 1956 and that death occurred at 4:30 p.m. from the causes and on the date stated above.									
23a. SIGNATURE G. M. Perry, M.D. (Degree or title)				23b. ADDRESS Princeton, Mo.		23c. DATE SIGNED 11-10-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-10-1956		24c. NAME OF CEMETERY OR CREMATORY Ravanna-Cemetery		24d. LOCATION (City, town, or county) (State) Ravanna Mo.			
DATE REC'D BY LOCAL REG. 11-10-56		REGISTRAR'S SIGNATURE Grace M. Martin		25. FUNERAL DIRECTOR'S SIGNATURE Martin Funeral Home-Princeton, Mo ADDRESS					

(Licensed Embalmer's Statement on Reverse Side) by **Grace M. Martin**

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

191. 6 10/13

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 *James L. Greenlee*

Licensed Embalmer No. *296*

P. O. Address *Linnville*

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.