

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45015

State File No.

FILED DEC 17 1956

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5824 Registrar's No. 30

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| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>LaFont Twsp.</u> | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <u>Jay Wye</u> | d. Is 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 <u>1 1/2 miles W. of Jay Wye.</u> | | e. STREET ADDRESS (If rural, give location) <u>0120</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Gale</u> | a. (First) | b. (Middle) | c. (Last) <u>Weaver</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2 1956</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Necer Married</u> | 8. DATE OF BIRTH <u>Nov. 29 1956</u> | 9. AGE (In years last birthday) <u>3</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jay Wye, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Albert Weaver</u> | 13b. MOTHER'S MAIDEN NAME <u>Edith Freel</u> | 14. NAME OF HUSBAND/OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Weaver-Jay Wye, Mo.</u> |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Placental Separation</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 days</u> |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>761.5</u> | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) | 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 11-26-1956, to 12-2-1956, that I last saw the deceased alive on 12-2-1956, and that death occurred at 10:00am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>James P. Cameron</u> | (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>Portageville - Mo</u> | 23c. DATE SIGNED <u>12-3-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-3-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Portageville</u> | 24d. LOCATION (City, town, or county) (State) <u>Portageville, Mo.</u> |

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| DATE REC'D BY LOCAL REG. <u>12-3-56</u> | REGISTRAR'S SIGNATURE <u>A.L. Ponder Deputy</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ponder Funeral Home-Lilbourn, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Cameron

DATE RECEIVED DEC 5 1956
NEW MADRID CO. HEALTH CENTER

P. J. L.

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

Not Embalmed
Signed *Norman L. Ponder*

Licensed Embalmer No. *336*

P. O. Address *Lilbourn*

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.