

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

261

State File No.

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 4

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Boone</u>	b. CITY (If outside corporate limits, write RURAL and give town) <u>Centralia</u>	c. LENGTH OF STAY (in this place) <u>5 1/2 years</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Andrain</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kuler Rest Home</u>	c. CITY OR TOWN <u>Benton City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Benton City</u>
			STREET ADDRESS (If rural, give location) <u>00 1/2</u>

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lillian</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Weatherford</u>	d. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 1957</u>
-------------------------------------	---------------------------	-----------------------	------------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 10, 1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
----------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Andrain County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	--

13a. FATHER'S NAME <u>Henry Barber</u>	13b. MOTHER'S MAIDEN NAME <u>Soraretta Cox</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillie Kuler</u>	ADDRESS <u>Centralia, Mo.</u>
---	-------------------------------------	--	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
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) <u>Hypostatic pneumonia</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral arteriosclerosis with mental degeneration.</u>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS DUE TO (c)		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input 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) m. <u>3:25 a.m.</u>	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 1/8/57, 1957, to _____, 19____, that I last saw the deceased alive on 1/8/57, 19____ and that death occurred at 3:25 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Soft Ward MD</u> (Degree or title)	23b. ADDRESS <u>Centralia, Mo.</u>	23c. DATE SIGNED <u>1/12/57</u>
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-11-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Benton City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Benton City Missouri</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan 15-1957</u>	REGISTRAR'S SIGNATURE <u>Maud McBride</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Funeral Home</u>	ADDRESS <u>Mexico, Mo.</u>
---	---	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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..... *Ray Miller*

Licensed Embalmer No. *2149*

P. O. Address *Mexico*

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.