

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3682

BIRTH NO.		REG. DIST. NO. 30	PRIMARY REG. DIST. NO. 5101	Registrar's No. 17
1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>(Rural) FAIRFIELD</u>		c. LENGTH OF STAY (in this place) <u>3 years</u>		c. CITY OR TOWN <u>FAIRFIELD</u> ⁰⁰⁸⁰
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Miles S.W.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
e. STREET ADDRESS <u>7 Miles S.W.</u>		(If rural, give location)		
3. NAME OF DECEASED (Type or Print) <u>REILOUS JEFFERSON WEAVER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27, 1957</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>
8. DATE OF BIRTH <u>July 24, 1883</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Sam Weaver</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Means</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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 <u>Orris Copp</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral infarctions, multiple</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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>7 years</u> <u>years</u>
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) <u>332x</u> <u>MISSOURI</u> <u>MO</u>
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 <u>May</u> , 19 <u>55</u> , to <u>February</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Feb 26</u> , 19 <u>57</u> , and that death occurred at <u>8:00 Am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E. Rhodius, M.D.</u>		23b. ADDRESS <u>Warsaw, Mo.</u>		23c. DATE SIGNED <u>2/27/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Mar 3, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Weaver Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Fairfield Benton Co, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Keser</u>		
DATE REC'D BY LOCAL REG. <u>Mar 2, 1957</u>		REGISTRAR'S SIGNATURE <u>Joe K. Logan</u>		ADDRESS <u>Warsaw</u>

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 *John J. Reser*.....

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.