

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16339

STATE FILE NUMBER

FILED MAY 29 1957

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 361

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp. | | Length of stay in lb 10 days | |
| d. STREET ADDRESS 1305 Gray St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First JAMES Middle HERSCHEL Last WEAVER | | 4. DATE OF DEATH Month 5 Day 20 Year 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10-13-1906 |
| 9. AGE (In years last birthday) 50 | | 10. KIND OF BUSINESS OR INDUSTRY Construction | 11. BIRTHPLACE (City and state or country) Paragould, Ark. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME George A. Weaver | | 14. MOTHER'S MAIDEN NAME Minnie Gilliam | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 490-05-2468 | |
| 17. INFORMANT Mrs. Margaret Weaver, Poplar Bluff | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia | | | INTERVAL BETWEEN ONSET AND DEATH 1 week |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) Acute Nephron Nephrosis 1 week |
| | | | DUE TO (c) Thrombotic Collapse 10 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| Perforated Peptic Ulcer, Subtotal Gastrectomy | | | 2 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5401 | | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Poplar Bluff, Missouri | |
| 21. I attended the deceased from APRIL 1957 to 18 MAY 1957 and last saw him alive on 18 MAY 57 Death occurred at 3:00 am m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE Gene H. Faye, M.D. (Degree or title) | | 22b. ADDRESS Poplar Bluff, Missouri | |
| 22c. DATE SIGNED 5/21/57 | | | |
| 23. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-21-1957 | 23c. NAME OF CEMETERY OR CREMATORY Shilo Cemetery | 23d. LOCATION (City, town, or county) Paragould, Ark. |
| 24. FUNERAL DIRECTOR Greer Croy & Fitch, Poplar Bluff, Mo. | | 25. DATE RECD. BY LOCAL REG. 5/25/57 | |
| ADDRESS | | 26. REGISTRAR'S SIGNATURE R. D. Muehrcke | |

RECEIVED
MAY 27 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

MS
JAN 13 1960

MAY 27 1957

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 Wallace N. Jick

Licensed Embalmer No. 3859

P. O. Address Boylan Bluff

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.