

Health,
& Welfare
Public
Service

FILED JUL 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27284

STATE FILE NUMBER

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 119

300
1-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. 3, Nevada Mo.		Length of stay in lb 2-8-0	d. STREET ADDRESS (If outside, give location) 1925 W. Lynn Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First McHoney Middle Weeks Last Weeks			4. DATE OF DEATH Month 7- Day 12- Year 57			
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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 10-3-1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) woodcutter	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) Dallas County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Mr. Jessie Weeks	13b. MOTHER'S MAIDEN NAME Bethany Ann Bolling	14. NAME OF HUSBAND OR WIFE Zita Weeks
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Admission papers	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vessel Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atheromatous Sclerosis DUE TO (c) Senile Dementia		INTERVAL BETWEEN ONSET AND DEATH years years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile Dementia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
20c. TIME OF INJURY Hour 9:25 Month 7 Day 12 Year 57 a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Dallas County, Missouri
21. I attended the deceased from 7-25-55 to 7-12-57 and last saw ^{him} alive on 7-12-57 Death occurred at 9:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>W. H. Pickens</i> W. H. PICKENS, M.D. Nevada, Mo.	22b. ADDRESS State Hosp. No. 3, Nevada, Mo.	22c. DATE SIGNED 7-12-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-15-1957	23c. NAME OF CEMETERY OR CREMATORY Maconia	23d. LOCATION (City, town, or county) (State) Dallas County, Missouri
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24. FUNERAL DIRECTOR <i>McHoney Funeral Home</i> McHoney Funeral Home Buffalo, Mo.	ADDRESS Buffalo, Mo.	25. DATE RECD. BY LOCAL REG. 7-19-1957	26. REGISTRAR'S SIGNATURE <i>Anna E. Foy</i> Anna E. Foy
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *Clyde Montgomery*

✓ Licensed Embalmer No. *3592*

P. O. Address *Buffalo, Mo.*

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.