

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010836  
State File No.

FILED APR 2 1958

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>4365</u>		Registrar's No. <u>524</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Newtonia, Mo.</u>		c. LENGTH OF STAY (In hospital or institution) <u>Full of 1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Newtonia</u>		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Newtonia, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>Newtonia, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>E.</u>		b. (Middle) <u>Burnola</u>		c. (Last) <u>Weems</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 24, 1880</u>		9. AGE (In years last birthday) <u>77</u>	10. MONTHS <u>1</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newtonia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>D. P. Weems</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Boone</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Clark Weems</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-05-6866</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fannie Clark Weems Newtonia, 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>1 yr.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis with cerebral hemorrhage</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS 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>331 X</u> 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)			
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, 1950</u> to <u>Feb 22, 1958</u> , that I last saw the deceased alive on <u>Feb 22, 1958</u> and that death occurred at <u>8:13A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Harold C. Renton</u>				23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>Mar 3 58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 24, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Newtonia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-8-58</u>		REGISTRAR'S SIGNATURE <u>Mildred Moberly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home Neosho, Mo.</u>			

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

RECEIVED

District Health Officer No. Newton  
District File Number 358-67  
Date Filed MAR 25 1958

APR 3 1958

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 \_\_\_\_\_

Fred L. Clark

Student Embalmer No. 556

working under my personal supervision.

Student Fred L. Clark  
Student Embalmer

Signed Marvella Puckett

Licensed Embalmer No. 4166

P. O. Address Wesiko, 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 this body is not embalmed, fact should be so stated above.