

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011048

STATE FILE NUMBER

FILED APR 11 1958

Registration District No. 290 Primary Registration District No. 5964 Registrar's No. 24

300
1-57
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1. PLACE OF DEATH a. COUNTY <u>Platte</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Parkville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>6108 Crystal Pool drive</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Glenn C.</u> Middle <u></u> Last <u>Weatherby</u>			4. DATE OF DEATH Month <u>Apr.</u> Day <u>1</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 3 1876</u>		9. AGE (In years less birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Retired Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Utica, Mo</u>	
12a. FATHER'S NAME <u>Ralph Weatherby</u>		12b. MOTHER'S MAIDEN NAME <u>don't remember</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>	
13. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Lucy Cox</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year for dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Forest Weatherby</u> Address <u>Oakland Ark.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>				6+ years	
DUE TO (c) <u>Should Hypertension</u>				4201 6+ years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Should Hypertension</u>				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 _____ a.m. _____ 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 COUNTY STATE	
21. I attended the deceased from <u>1952</u> , to <u>1958</u> and last saw her/him alive on <u>April 4 1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Bernard G. Mullins M.D.</u>			22b. ADDRESS <u>1806 Supt St. Parkville Mo</u>		22c. DATE SIGNED <u>4-3-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Apr 5-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>
24. FUNERAL DIRECTOR <u>Leahnd H Francis</u>		ADDRESS <u>Parkville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>April 4-1958</u>	26. REGISTRAR'S SIGNATURE <u>Uphie Roelins</u>



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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Leland K. Francis*

401 Main St. 3451
Licensed Embalmer No.

P. O. Address *Parkville, 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.