

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024990

STATE FILE NUMBER

FILED AUG 8 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 228

64
3001
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN Jefferson City, Mo.		c. CITY OR TOWN Jefferson City, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1211 E Mc Carty		d. STREET ADDRESS (If outside, give location) 1211 E Mc Carty	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle WEAVERS Last WEAVERS			4. DATE OF DEATH Month July Day 24 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 10, 1870	9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Taos, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Weavers		13b. MOTHER'S MAIDEN NAME Mary Lenaman		14. NAME OF HUSBAND OR WIFE Helena Wilbers	
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. None		17. INFORMANT Hilda Weavers Address J C Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atherosclerosis		
	DUE TO (c) Senility		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.					

20d. INJURY OCCURRED WHILE AT <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 Death occurred at July 21, 1958 to July 24, 1958 and last saw her alive on July 21, 1958 at 4:25 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) La O'Connor MD			22b. ADDRESS 507 E. High St. Jeff City, Mo.		22c. DATE SIGNED 8-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/26/58		23c. NAME OF CEMETERY OR CREMATORY St. Stanislaus		23d. LOCATION (City, town, or county) (State) Wardsville, Mo.	
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24. FUNERAL DIRECTOR Agostino Amle ADDRESS J C Mo.		25. DATE RECD. BY LOCAL REC. 4 August 1958		26. REGISTRAR'S SIGNATURE R.P. Norris, M.D. - M.P.	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Sylvester Quille*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City*

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.