

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025132

STATE FILE NUMBER

FILED JUL 29 1958

Registration District No. 120

Primary Registration District No. 5450

Registrar's No. 235

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300
1-57

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miller Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural 0380
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.W. of Albany		Length of stay in lb lifetime	d. STREET ADDRESS (If outside, give location) Miller Township
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Hattie Middle Zuanita Last Weese			4. DATE OF DEATH July 21 1958 Month July Day 21 Year 1958		
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5. SEX F /	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 19, 1903	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Gentry Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Weese	13b. MOTHER'S MAIDEN NAME Belinda Davis	14. NAME OF HUSBAND OR WIFE none
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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. None	17. INFORMANT John Weese	Address Darlington, Mo.
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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) Myocardial Stenosis		INTERVAL BETWEEN ONSET AND DEATH many years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		410X
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"/>

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.)
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20c. TIME OF INJURY Hour _____ 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 Gentryville, Gentry, Mo.	COUNTY Gentry STATE Mo.
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21. I attended the deceased from 1950 to 7-21-58 and last saw her ^{her} _{him} alive on 7-21-58 Death occurred at 6:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank H. Rose, M.D. (Degree or title)	22b. ADDRESS Albany, Mo.	22c. DATE SIGNED 7-22-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE July 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Gentryville	23d. LOCATION (City, town, or county) (State) Gentryville, Missouri
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24. FUNERAL DIRECTOR Clifford Brooks	ADDRESS Albany, Mo.	25. DATE RECD. BY LOCAL REG. 7-23-58	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ME....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Cocheff.....

Licensed Embalmer No. 4868.....

P. O. Address Albany, 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.