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THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-027922

FILED JUL 21 1958

6118 State File No. 26  
 Registrar's No. 26

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4492

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY OR TOWN <b>RURAL SYLVANIA TWSHP</b>	c. LENGTH OF STAY (in this place) <b>18 months</b>	c. CITY OR TOWN <b>RURAL SYLVANIA TWSHP</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. F. D. #1 ORAN</b>		d. STREET ADDRESS (If rural, give location) <b>ORAN</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ARCHIE</b> b. (Middle) <b>WEATHERSPOON</b> c. (Last) <b>WEATHERSPOON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 8 1958</b>		
5. SEX <b>MALE 2</b>	6. COLOR OR RACE <b>COLOR'D</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	8. DATE OF BIRTH <b>MARCH 1 1914</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>ALABAMA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>JAKE WEATHERSPOON</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISE RANDELL</b>		14. NAME OF HUSBAND OR WIFE <b>ETHEL B. WEATHERSPOON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ETHEL B. WEATHERSPOON</b> ADDRESS <b>ORAN, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		18. ONSET AND DEATH <b>15 Min.</b>
	ANTECEDENT CAUSES (History of several mild attacks since May 1958.) DUE TO (b) _____ DUE TO (c) _____		
	11. 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? <b>6</b> YES <input type="checkbox"/> NO <input 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) <b>4201</b> (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **first call after death**, 19 **58**, to **19 58**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:40P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Melba C. Buckharp M.D. Health Officer</b>		23b. ADDRESS <b>Benton, MO</b>		23c. DATE SIGNED <b>7-9-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>7/10/58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DEMOPOLIS</b>		24d. LOCATION (City, town, or county) (State) <b>ALA.</b>	

DATE REC'D BY LOCAL REG. <b>7-10-58</b>	REGISTRAR'S SIGNATURE <b>Maternal Breeding Lab</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Call of Smith</b> ADDRESS <b>Oran, Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED 7-14-58

SCOTT CO. HEALTH DEPT.

CO. FILE No. 758-164

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Earl J. Smith

Signed.....

Student Embalmer

Licensed Embalmer No. 3676

P. O. Address Quincy, 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.