

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029553

STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 383 Primary Registration District No. 4280 Registrar's No. 84

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stotts City		c. CITY OR TOWN Stotts City 0550	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Stotts City (residence)		d. STREET ADDRESS (If outside, give location) Gen Del	
3. NAME OF DECEASED (Type or print) First Middle Last William Oscar Weaver			4. DATE OF DEATH Month Day Year Aug 18 58
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 29 - 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner		10b. KIND OF BUSINESS OR INDUSTRY Mining	9. AGE (In years last birthday) 64
11. BIRTHPLACE (City and state or country) Ash Grove, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Will Weaver		13b. MOTHER'S MAIDEN NAME Fl en Portle	14. NAME OF HUSBAND OR WIFE Georgie Ann Beagle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) Yes WWI		16. SOCIAL SECURITY NO.	17. INFORMANT Georgie Weaver. Stotts City
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>Respiratory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Bronchial Congestion</u> DUE TO (c) <u>Bronchial TB + Emphysema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>Unknown</u> <u>Unknown</u>
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"/> 002X
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 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>July 8 1958</u> to <u>Aug 18 1958</u> and last saw him ^{her} alive on <u>Aug 17 1958</u> Death occurred at <u>5:45 p.m.</u> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>David Beagle D.O.</u>		22b. ADDRESS <u>Mt Vernon Mo</u>	22c. DATE SIGNED <u>8/19/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 21-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Stotts City MO</u>
24. FUNERAL DIRECTOR <u>H. D. Fossett</u>		ADDRESS <u>Mt Vernon, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>8-21-58</u>
26. REGISTRAR'S SIGNATURE <u>Paul Hendricks</u>			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 Secondary cancer, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

SEP 8

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 Wm. G. Smith
Signature of Student Embalmer

Signed H. W. Fossett

Licensed Embalmer No. 2201
P. O. Address mt. Vernon

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.