

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037017

STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 73

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Canton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Length of stay in lb 10 yrs.		d. STREET ADDRESS 0560 STREET 0 305 S. 5th		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ida Middle M. Last Weathers				4. DATE OF DEATH Month Oct. Day 29 Year 1958			
5. SEX Female 3		6. COLOR OR RACE Black		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 8, 1876	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) House wife		11. BIRTHPLACE (City and state or country) Lewis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Horace Tasco			13b. MOTHER'S MAIDEN NAME Dacey (?)			14. NAME OF HUSBAND OR WIFE Edward Weathers	
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 Horace Weathers, Canton, Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Cerebral thrombosis DUE TO (c) Arteriosclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH 3 days 60 days 15-20 years	
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.) 4200					
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 Aug 25, 58 to Oct 29, 1958 and last saw her alive on Oct 28, 1958 Death occurred at 1:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John Lybetta D.O. 2				22b. ADDRESS Canton, Mo		22c. DATE SIGNED 10-31-58	
23a. BURIAL, CREMATION, or REMOVAL (Specify) Funeral		23b. DATE 10-31-58		23c. NAME OF CEMETERY OR CREMATORY Marks Cemetery		23d. LOCATION (City, town, or county) (State) La Grange, Lewis Co. Mo.	
24. FUNERAL DIRECTOR Carl H. Buckley, Canton, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 10-31-58		26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D. E-d	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Earl H. Buckley*

Licensed Embalmer No. *2615*
P. O. Address *Centerville, Va.*

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.