

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043108

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No.

378

Primary Registration District No.

4552

Registrar's No.

47

300
1-57

1. PLACE OF DEATH a. COUNTY WRIGHT WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT	
b. CITY OR TOWN MOUNTAIN GROVE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MOUNTAIN GROVE 1146
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 S. 4th St.		Length of stay in 1b 30 years	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND WEEKS	4. DATE OF DEATH Month Day Year NOVEMBER 20, 1958
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5. SEX MALE <input checked="" type="checkbox"/>	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 MAY 20, 1888	9. AGE (In years last birthday) Months Days Hours Min. 70 6
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY MILL WORKER	11. BIRTHPLACE (City and state or country) WARREN COUNTY, IOWA	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME SAMPSON W. WEEKS	13b. MOTHER'S MAIDEN NAME GILLIE WITT	14. NAME OF HUSBAND OR WIFE GERTIE YATES WEEKS
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT GERTIE YATES WEEKS Address MOUNTAIN GROVE, 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) <u>Congestive heart condition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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.) 4341
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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
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21. I attended the deceased from <u>Nov-10-1958</u> to <u>Nov-20-1958</u> and last saw him/her alive on <u>Nov-19-1958</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Russell W. Barber</u>	22b. ADDRESS <u>124 N. Grove Ave.</u>	22c. DATE SIGNED <u>11-22-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 25, 1958	23c. NAME OF CEMETERY OR CREMATORY LONE STAR CEMETERY	23d. LOCATION (City, town, or county) (State) MOUNTAIN GROVE, MISSOURI
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24. FUNERAL DIRECTOR RUSSELL W. BARBER, ADDRESS MTN. GROVE, MO.	25. DATE RECD. BY LOCAL REG. 12-4-1958	26. REGISTRAR'S SIGNATURE <u>Dennis L. Liberman</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE, IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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RECEIVED Dec 6, 1953

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 *George Stotep*

Licensed Embalmer No. *3161*

P. O. Address *11th Street, 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.