

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043836

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1227

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Willard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in 1b 14 years	d. STREET ADDRESS no street address		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CLAUDE PHILLIP WEAGLEY			4. DATE OF DEATH Dec. 19, 1958 Month Day Year		
5. SEX Male	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 March 24, 1883		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John K. Weagley		13b. MOTHER'S MAIDEN NAME Anna Widdup		14. NAME OF HUSBAND OR WIFE Belva "Allic" Miller	
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 Address Mrs. Belva Weagley, Willard, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun Shot Wound in Chest					INTERVAL BETWEEN ONSET AND DEATH inst.
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) 976 X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) He was in back yard of his home alone. He shot himself with a .38 Cal. Pistol. The shot was double edge of middle line and 3 inches below collar bone			
20c. TIME OF INJURY 8:25 a.m. 12-19-58		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at yard of home			
20f. CITY, TOWN, OR LOCATION Willard, Greene, Missouri		20g. COUNTY Greene		20h. STATE Missouri	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 8:25 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ralph H. Thiem			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 23/Dec/1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-23-1958	23c. NAME OF CEMETERY OR CREMATORY Chadwick Cemetery		23d. LOCATION (City, town, or county) (State) Chadwick, Missouri
24. FUNERAL DIRECTOR Jean Harris		ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. 12-24-58	26. REGISTRAR'S SIGNATURE Effie G. Melton

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 *J. Sean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, 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.