

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008873

STATE FILE NUMBER

APR 10 1959

Registration District No. 93

Primary Registration District No.

Registrar's No. 59-33

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Greenfield</b>		c. CITY OR TOWN <b>Greenfield</b> <sup>6290</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>312 Shouse St.</b>		d. STREET ADDRESS (If outside, give location) <b>312 Shouse St.</b>	
Length of stay in lb <b>1 months</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Amanda Marie Weaver</b>			4. DATE OF DEATH Month Day Year <b>Apr. 3, 1959</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 1, 1868</b>	9. AGE (In year) <b>91</b> IF UNDER 1 YEAR: Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Mineral Point, Wis.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Samuel Ross Peery</b>	13b. MOTHER'S MAIDEN NAME <b>Maria Jane Farris</b>	14. NAME OF HUSBAND OR WIFE <b>Marion Weaver</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Georgia Read; Greenfield, Mo.</b>
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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) <b>Cancer of liver</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>origin unknown.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>156?</b>		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.)
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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 <b>4-1-59</b> to <b>4-3-59</b> and last saw her alive on <b>4-1-59</b> Death occurred at <b>8:00</b> p. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Dr. O Cowan M.D.</b> (Degree or title)	22b. ADDRESS <b>Greenfield Mo</b>	22c. DATE SIGNED <b>4-5-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Apr. 5, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Daughtrey Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Dade County, Mo.</b>
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24. FUNERAL DIRECTOR <b>J. C. Canada; Greenfield, Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4/5/1959</b>	26. REGISTRAR'S SIGNATURE <b>J. C. Canada</b>
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W.O. Cowan, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. C. Canada* .....

Licensed Embalmer No. *4196* .....  
P. O. Address *Greenfield, M.* .....

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.