Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021985
STATE FILE NUMBER

FILED JUL 6 1959

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION IMPERIAL MO — Length of stay in 1b 8 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY JEFFERSON
c. CITY OR TOWN IMPERIAL — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS IMPERIAL G. D. (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First THOMAS Middle VOID Last WEAVER

4. DATE OF DEATH: Month JUNE Day 13 Year 1959

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH APR. 1 1879

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FOUNDRY WORK

10b. KIND OF BUSINESS OR INDUSTRY FOUNDRY

11. BIRTHPLACE (City and state or country) JOHNSTONVILLE ILL.

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME ISSAC WEAVER

13b. MOTHER'S MAIDEN NAME GLENETINE WORHTROW

14. NAME OF HUSBAND OR WIFE FLOVSIVA WEAVER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 499 01 0030

17. INFORMANT FLOVSILVA WEAVER Address IMPERIAL MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chr. Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Imperial COUNTY Jefferson STATE Mo

21. I attended the deceased from June 1/59 to June 12/59 and last saw him alive on 6/13/59
Death occurred at ____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD

22b. ADDRESS Imperial Mo

22c. DATE SIGNED 6/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE JUNE 16 1959

23c. NAME OF CEMETERY OR CREMATORY HERCULANEUM CEMETERY

23d. LOCATION (City, town, or county) (State) HERCULANEUM MO

24. FUNERAL DIRECTOR HEILIGTAG ADDRESS IMPERIAL MO

25. DATE RECD. BY LOCAL REG. 6-16-59

26. REGISTRAR'S SIGNATURE Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

4-0

JUL 24 1959

DATE RECEIVED JUL 2 1959

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 Elmer Harlington

Licensed Embalmer No. 3571

P. O. Address Imperial

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.