ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014218

AMENDED

FILED APR 17 1961

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 170 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in this place: 40 yrs

c. CITY OR TOWN: Joplin
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. John's Hospital
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 612 Monroe Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: Henry Last: Weaver

4. DATE OF DEATH: Month April Day 9 Year 1961

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-28-1918

9. AGE (last birthday): 43

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Machinery

11. BIRTHPLACE (City and state or country): Cardin, Oklahoma

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Roy Weaver

13b. MOTHER'S MAIDEN NAME: Pansy Farmer

14. NAME OF HUSBAND OR WIFE: Dorothy 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.: Unk

17. INFORMANT: Mrs. Dorothy Weaver, 612 Monroe Ave. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Failure	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized hemorrhagic diathesis	6 weeks
DUE TO (c)	Myelogenous leukemia	2½ years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3:40 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: 410 Jackson, Joplin, Mo.

22c. DATE SIGNED: 4-10-61

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

23b. DATE: 4-12-61

23c. NAME OF CEMETERY OR CREMATORY: Forest Park Cemetery,

23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR: STEVE PARKER MORTUARY, JOPLIN, MISSOURI ADDRESS

25. DATE RECD. BY LOCAL REG.: 4-12-61

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

APR 24 1962

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.