SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021866
STATE FILE NUMBER

AMENDED

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 49-61

FILED JUN 20 1961

1. PLACE OF DEATH
a. COUNTY McDonald

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jane, Mo Route 1
Length of stay in 1b 16yrs

c. CITY OR TOWN Jane, Missouri
Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Simsberry Mo.
Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Route # 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Cecil Middle Elbert Last Weston

4. DATE OF DEATH Month 6 Day 1 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12/25/1900

9. AGE (last birthday) 60

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) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (City and state or country) Seligman, Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Weston

13b. MOTHER'S MAIDEN NAME Scroggins

14. NAME OF HUSBAND OR WIFE Veta Weston

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.

17. INFORMANT Mrs Veta Weston
Address Rt 1 Jane 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) Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ASHD

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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 2-11-61, to 5-13-61 and last saw ~~her~~ him alive on 5-13-61
Death occurred at 5:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles H Price MD (Degree or title)

22b. ADDRESS Caseville Mo

22c. DATE SIGNED 6/12/61

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

23b. DATE 6/3/1961

23c. NAME OF CEMETERY OR CREMATORY Union

23d. LOCATION (City, town, or county) (State) Near Powell Mo.

24. FUNERAL DIRECTOR Miller-Sisco
ADDRESS Pea Ridge, Arkansas

25. DATE RECD. BY LOCAL REG. 6-15-61

26. REGISTRAR'S SIGNATURE Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

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

DOCUMENT

BY AFFIDAVIT OF

SEP 19 1967

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 Billy Lisco

Licensed Embalmer No. 781

P. O. Address Box 54 Pea Ridge

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.