SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037671
STATE FILE NUMBER

AMENDED

FILED NOV 13 1961

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 193

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY LIVINGSTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE — Length of stay in 1b 4 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY LIVINGSTON
c. CITY OR TOWN CHILLICOTHE — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 109 SECOND ST. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GEORGE Middle WALTER Last WEAVER

4. DATE OF DEATH Month OCTOBER Day 26, Year 1961

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 1/3/1878

9. AGE (last birthday) 83 — 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) RETIRED ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY CITY LIGHT&WATER

11. BIRTHPLACE (City and state or country) FISHHOOK, ILL.

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

13a. FATHER'S NAME OSCAR WEAVER

13b. MOTHER'S MAIDEN NAME IDA NANZANDT

14. NAME OF HUSBAND OR WIFE UNKNOWN

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

17. INFORMANT Address 206 Dlay St. Mrs. Geraldine Faubion; Chillicothe, 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) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 5 days

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

DUE TO (b) Hypertension — 5 yrs –

DUE TO (c)

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

Coronary occlusion –

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

MEDICAL CERTIFICATION

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 10-21-61, to 10-26-61 and last saw her/him alive on 10-26-61

Death occurred at 11:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. L. Milazzo D.O.

22b. ADDRESS Chillicothe Mo

22c. DATE SIGNED 10-28-61

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

23b. DATE 10/29/61

23c. NAME OF CEMETERY OR CREMATORY LACLEDE CEMETERY

23d. LOCATION (City, town, or county) (State) LACLEDE, MISSOURI

24. FUNERAL DIRECTOR ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG. Oct 28, 1961

26. REGISTRAR'S SIGNATURE Annalie Taylor

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed John P. Lodges
Signature of Student Embalmer

Licensed Embalmer No. 4963

P. O. Address CHILLICOTHE, MISS

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.