

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039798

STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 6098 Registrar's No. 29

FILED OCT 25 1961

1. PLACE OF DEATH a. COUNTY <b>SCHUYLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>IOWA</b> b. COUNTY <b>KEOKUK</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>LIBERTY</b>		Length of stay in lb	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>* NONE</b>		c. CITY OR TOWN <b>KEOTA</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>NONE</b>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>AMOS HERSHEY WEAVER</b>			4. DATE OF DEATH Month Day Year <b>OCTOBER, 16, 1961</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/9/86</b>
9. AGE (last birthday) <b>74</b>		IF UNDER 1 YEAR Months Day <b>11 7</b>	IF UNDER 24 HR Hours Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (City and state or country) <b>WAYNESBORO, VIRGINIA U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>DAVID WEAVER</b>	13b. MOTHER'S MAIDEN NAME <b>AMANDA HERSHEY</b>
14. NAME OF HUSBAND OR WIFE <b>ELIZABETH GROVE</b>		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>NO</b>		17. INFORMANT Address <b>DEAN YODER, PARNELL, IOWA</b>	
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>Crushed Chest</b> DUE TO (b) <b>Auto Accident</b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Pass off Highway hit Ditch</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>6:30 p.m. Oct 16 61</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Schuyler MO</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>6:30 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Brian V Norman Coroner</b>		22b. ADDRESS <b>Lancaster Mo</b>	22c. DATE SIGNED <b>OCT 17 61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>10/17/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ENGLISH RIVER BRETHERN</b>	23d. LOCATION (City, town, or county) (State) <b>SOUTH ENGLISH, IOWA</b>
24. FUNERAL DIRECTOR ADDRESS <b>NORMAN FUNERAL HOME, LANCASTER, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 20, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Flarence Shepherd</b>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MS OCT 2 1967 SA

**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

*David E. Foster*

Licensed Embalmer No.

4742

P. O. Address

*Superior, 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.