

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035017
STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4023 Registrar's No. 64

FILED OCT 2 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Barry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Exeter</u> Length of stay in lb <u>2 years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Barry</u></p> <p>c. CITY OR TOWN <u>Exeter</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <u>Elmer Clinton Weston</u></p>	<p>4. DATE OF DEATH <u>September 21, 1963</u></p> <p style="text-align: center;">Month Day Year</p>
<p>5. SEX <u>male</u></p>	<p>6. COLOR OR RACE <u>white</u></p>
<p>7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>4-12-1888</u></p>
<p>9. AGE (last birthday) <u>75</u></p> <p style="text-align: center;">IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u></p>
<p>10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Beaver, Arkansas</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>White</u></p>	<p>13a. FATHER'S NAME <u>James W. Weston</u></p>
<p>13b. MOTHER'S MAIDEN NAME <u>Caldonia Burnette</u></p>	<p>14. NAME OF HUSBAND OR WIFE <u>Ada Antle Weston</u></p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>	<p>16. SOCIAL SECURITY NO. _____</p>
<p>17. INFORMANT <u>Wilmer D. Weston</u> Address <u>Washburn, Missouri</u></p>	<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u></p> <p style="text-align: center;">DUE TO (b) <u>Asif D</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="font-size: small;">Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	<p>21. I attended the deceased from <u>9-21-63</u> to <u>9-21-63</u> and last saw ^{her}him alive on <u>9-21-63</u></p> <p>Death occurred at <u>6:30 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>
<p>22a. SIGNATURE <u>Charles J. Price MD</u> (Degree or title)</p>	<p>22b. ADDRESS <u>301 W. 8th Cassville, Mo.</u></p>
<p>22c. DATE SIGNED <u>9-23-63</u></p>	<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>
<p>23b. DATE <u>9-23-1963</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cemetery</u></p>
<p>23d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u></p>	<p>24. FUNERAL DIRECTOR <u>Culver's</u> ADDRESS <u>Cassville, Missouri</u></p>
<p>25. DATE RECD. BY LOCAL REG. <u>9-23-1963</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Grace Williams</u></p>

DO NOT WRITE ON THIS STUB
 AMENDED
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 5 1
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 9 4200
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

Permit permit obtained 9-23-63 S.W.

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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.