

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0052235

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 136

FILED DEC 21 1966

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Wash.	
b. CITY (If outside corporate limits, give TOWNSHIP only) Breton		Length of stay in lb 6 wks.	c. CITY OR TOWN Belgrace
c. FULL NAME OF (If NOT in hospital, give location) Wash. Co. Memorial Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Belgrace
3. NAME OF DECEASED (Type or print) Ivory Weeks		4. DATE OF DEATH Dec. 11, 1966	Month Dec. Day 11 Year 1966
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/13/85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 81
13a. FATHER'S NAME Gideon Weeks		13b. MOTHER'S MAIDEN NAME Minerva Wright	11. BIRTHPLACE (City and state or country) Caledonia, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY USA
17. INFORMANT Mrs. Virginia Wood, St. Louis, Mo.		14. NAME OF HUSBAND OR WIFE None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 das
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Shower Thrombus			12 hrs.
DUE TO (c)			
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 type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Potosi, Mo.	COUNTY STATE
21. I attended the deceased from 10 to 15 yrs. , to xx and last saw him alive on Dec. 11, 1966 Death occurred at 7 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. J. Russell M.D.</i>		22b. ADDRESS Potosi, Mo.	22c. DATE SIGNED 12/20/66
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/14/66	23c. NAME OF CEMETERY OR CREMATORY Presbyterian	23d. LOCATION (City, town, or county) (State) Caledonia, Mo.
24. FUNERAL DIRECTOR Shipman & Sons Bismarck, Mo.		25. DATE RECD. BY LOCAL REG. 12/20/66	26. REGISTRAR'S SIGNATURE <i>W. J. Russell</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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

John W. Shipman

Licensed Embalmer No.

4881

P. O. Address

Bismarck, 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.