REC'D SEP 21 1939

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

29521
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette — Registration District No. 46I
(b) Township or Lexington — Primary Registration District No. 3024 — Registered No.
(c) City Lexington, Missouri — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Orville Harvey Weddle
(a) Residence, No. 2025 South Street St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mayme Pearl Blankenship
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 14, 1880
7. AGE: YEARS 59 — MONTHS 5 — DAYS 1 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: President
9. Industry or business in which work was done, as saw mill, bank, etc.: Mo. Gas and Elect Co
10. Date deceased last worked at this occupation (month and year): Service — Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Phillips Co. Kan.

FATHER
13. NAME: Wm. J. Weddle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Rachel Anne Lappin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana.

17. INFORMANT (ADDRESS): Mrs. Mayme Weddle, Lexington, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Oklahoma City — DATE: Sept. 18 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Winkler, Lexington, Mo.
20. FILED: Sept 18, 1939 — Delia Bates, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1939, to Sept 15, 1939
I last saw him alive on Sept 15, 1939. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

94 b

Other contributory causes of importance: —

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B H Brashey, M. D.
(Address) Lexington Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16605

## 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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Geo. A. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington, 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 this body is not embalmed, above space should be left blank.**