

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2129

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Route #1 Sedalia				c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Route #1, Spring Fork			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethwell Hospital, Park				d. STREET ADDRESS (If rural, give location) Rt. 1, Spring Fork, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MARION c. (Last) WELLIVER				4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 30, 1873	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Cooper Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Cooper Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Welliver		13b. MOTHER'S MAIDEN NAME Hannah Welliver		14. NAME OF HUSBAND OR WIFE Eliza B. Blaylock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Welliver, Spring Fork, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis. Decompensated. ANTECEDENT CAUSES DUE TO (b) Malnutrition-Senility-Arterio Sclerosis. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Saw this man only twenty four before death. Had never attended him before.			
19a. DATE OF OPERATION None.				19b. MAJOR FINDINGS OF OPERATION None.			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 15th, 1949 to Jan. 16th, 1949 , that I last saw the deceased alive on Jan. 15th, 1949 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title)				23b. ADDRESS 314 South Ohio Street, Sedalia, Missouri		23c. DATE SIGNED Jan. 17th, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 18, 49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. Jan. 18, 1949		REGISTRAR'S SIGNATURE Betty Yeager		25. GENERAL DIRECTOR'S SIGNATURE Marion Ewing		ADDRESS Sedalia, 7th & Osage Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-1-49

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 _____

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed _____

Student Embalmer

Signed _____

Licensed Embalmer No. 3847

P. O. Address Bedford, Mass.

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, fact should be so stated above.