

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED FEB 1 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 3600 PRIMARY REG. DIST. NO. 3076 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bronaugh</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>A.</u> c. (Last) <u>WEALAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 24 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 19 - 1871</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (If under 24 hrs. Hours) (Min.) <u>77 11 5</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop</u>	11. BIRTHPLACE (State or foreign country) <u>Montevalls, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>E. L. Wealand</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy E. Wealand</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Wealand</u> ADDRESS <u>1510 C. Locust, Nevada, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rt. Hemiplegia Nephritis</u>			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from Jan 10, 1949, to Jan 24, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 4:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. P. Love</u> (Degree or title) <u>()</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>1-28-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 28 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 29, 1949</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Yancy</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Gerald Biemy</u> ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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2

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1691

Date Filed 1-31-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. Gerald Boney

Licensed Embalmer No. 4203

P. O. Address S. Sheldon, Me.

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.