

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30925

FILED SEP 22 1949

No. 300  
10.48

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BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4269		Registrar's No. 64		
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette				
b. CITY (If outside corporate limits, write RURAL and give township) Corder		c. LENGTH OF STAY (in this place) 37 yr.		c. CITY (If outside corporate limits, write RURAL and give township) Corder		54		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) Mary Belle Perry Welliver			a. (First) Belle b. (Middle) Perry c. (Last) Welliver			4. DATE OF DEATH (Month) (Day) (Year) 9 1 49		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 7, 1872		
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 24		IF UNDER 12 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) housekeeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Waverly, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Thomas Perry			13b. MOTHER'S MAIDEN NAME Elizabeth Robinson			14. NAME OF HUSBAND OR WIFE Sam Welliver		
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.		17. INFORMANT'S SIGNATURE OR NAME Wayne Martin				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Embolism and Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral Hemorrhage - previous July 8, 1948</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  332X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 July 8, 1948, to Sept 1, 1949, that I last saw the deceased alive on 8-31, 1949, and that death occurred at 11:54 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Leon L. Spiller M.D.</u>				23b. ADDRESS Higginsville, Mo		23c. DATE SIGNED Sept 1 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-3-49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Corder Mo.		
DATE REC'D BY LOCAL REG. 9-3-1949		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		154 25. FUNERAL DIRECTOR'S SIGNATURE <u>Forrest S. Hooper</u>		ADDRESS Higginsville Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 7  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Filed 9-21-49

**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.

Signed Forrest A. Hooper  
Student Embalmer  
Licensed Embalmer No. 4358  
P. O. Address Higginsville, 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, fact should be so stated above.