

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16618

470

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4334 Registrar's No. 20

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Iron | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reynolds | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Inez b. (Middle) Harriett c. (Last) Wellington | | | 4. DATE OF DEATH (Month) (Day) (Year) May 8 1950 |
| 5. SEX fem | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH April 23 1870 |
| 9. AGE (In years last birthday) 80 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | 11. BIRTHPLACE (State or foreign country) Claremont Co. Ohio |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Francis Abbot | | 13b. MOTHER'S MAIDEN NAME Sarah Georgeann Peppers Myler Wellington | |
| 14. NAME OF HUSBAND OR WIFE Mrs. Inez May, Corridon Mo. | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Inez May, Corridon Mo. ADDRESS | |
| 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) Bilateral virus pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. chronic myocarditis Conditions contributing to the death but not related to the disease or condition causing death. sepsis | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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 4-24 1950 , to 5-8 1950 , that I last saw the deceased alive on 5-8 1950 , and that death occurred at 9:50A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) R. E. Farland, M.D. | | 23b. ADDRESS Ironton, Mo. | 23c. DATE SIGNED 5-10-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 5-10-50 | 24c. NAME OF CEMETERY OR CREMATORY Reynolds-Corridon | 24d. LOCATION (City, town, or county) (State) Reynolds Missouri |
| DATE REC'D BY LOCAL REG. May 18, 1950 | REGISTRAR'S SIGNATURE Mrs. Corridon | 25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home ADDRESS Ironton Mo. | |

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

1975
DEPARTMENT OF HEALTH SERVICE
F. 550-701

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 Arvid J. White

Licensed Embalmer No. 3012

P. O. Address San Antonio, Texas

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.