

No. 300
10.48

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27719

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4373 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Barnard</u>		c. CITY OR TOWN <u>Barnard</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecil</u> b. (Middle) <u>William</u> c. (Last) <u>Wehr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-23-1950</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>married</u>	8. DATE OF BIRTH <u>4-11-1897</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Stockton Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>
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13a. FATHER'S NAME <u>William H. Wehr</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Van Poyson</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Ellie Wehr.</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>W.W.I.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Laura E. Wehr-Barnard Mo.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinoma</u>		<u>4 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u>		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>151X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May, 1950, to Aug. 23 1950, that I last saw the deceased alive on Aug 23 1950, and that death occurred at 3 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Jones M.D.</u> (Degree or title)	23b. ADDRESS <u>Marquette, Mo.</u>	23c. DATE SIGNED <u>Aug 23 1950</u>
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24a. BURIAL: CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-25-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barnard Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Barnard Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 26-50</u>	REGISTRAR'S SIGNATURE <u>Mrs. Elga Crushaw</u> 320	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. M. Johnson</u> <u>Marquette Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

340

No.

SEP 22 1950



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 G. M. Atchison

Licensed Embalmer No. 3279

P. O. Address Maryville, 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.