

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 575

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 3291 Registrar's No. 2

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>  |  |
| c. LENGTH OF STAY (in this place) <u>2 yrs.</u>   |  | d. STREET ADDRESS (If rural, give location) <u>200 F Home</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 F Home</u>   |  |  |  |

|  |                               |   |   |  |   |
|--|-------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or Print)  |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)                     |  |   |
| a. (First) <u>SIDNEY</u>   | b. (Middle) <u>JANE</u>       | c. (Last) <u>WELAND</u>   | <u>JAN 6 51</u>   |  |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan 19-1874</u>                       |  | 9. AGE (In years last birthday) <u>76</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>                            | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <u>John Thomas</u>                                       | 13b. MOTHER'S MAIDEN NAME <u>Carah A. Dams</u> | 14. NAME OF HUSBAND OR WIFE <u>James J. Weland</u>                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u>              | 17. INFORMANT'S SIGNATURE OR NAME <u>200 F Home Records Liberty Mo.</u> |

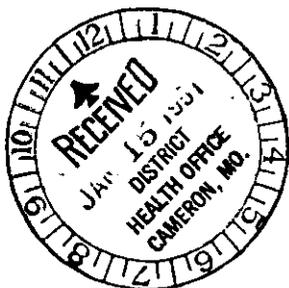
|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>4500 F</u><br><u>3 months</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Fracture left hip.</u>  |   |  |  |

|  |   |  |  |
|--|---|--|--|
| 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) <input checked="" type="checkbox"/> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>              | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty (W.P.) Clay Mo</u>    |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Minute 200 F Home</u>     | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fall</u>   |  |

22. I hereby certify that I attended the deceased from July, 1950, to Jan, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

|   |                                |  |
|---|--------------------------------|--|
| 23a. SIGNATURE <u>W. H. Goodson</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Liberty Mo</u> | 23c. DATE SIGNED <u>1/7/51</u>                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>           | 24b. DATE <u>Jan 9-51</u>      | 24c. NAME OF CEMETERY OR CREMATORY <u>200 F Cemetery</u>             |
| DATE REC'D BY LOCAL REG. <u>Jan. 9-1951</u>                       |                                | 24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>     |
| REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>                        |                                | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Creen Co. Liberty Mo.</u> |

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



**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 John L. Lumberg.....

Licensed Embalmer No. 4448.....

P. O. Address Liberty 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.