

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13166

FILED MAY 7 1951

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>55</u>		
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Mt. Vernon</u>		c. LENGTH OF STAY (in this place) <u>410 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cedar City, Mo.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) <u>M.</u> c. (Last) <u>Wedding</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 29 - 51</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-27-97</u>		
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
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 _____			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>A. J. Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Crawford</u>		14. NAME OF HUSBAND OR WIFE <u>Harry R. Wedding</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson, Mo. State San. Mt. Vernon, Mo.</u> ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 2 Yrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Bilateral bronchiectasis</u> ADDX. <u>1 1/2 Yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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) <u>001X</u>				
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 <u>3-15-50</u> , 19 <u>50</u> , to <u>4-29-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-28-</u> , 19 <u>51</u> , and that death occurred at <u>9:45 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>C. A. Brasler M. D.</u> (Degree or title)				23b. ADDRESS <u>Missouri State Sanatorium</u>		23c. DATE SIGNED <u>4-29-51</u>		
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 29, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moberly, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Cecil Handrick</u> 411		25. FEDERAL DIRECTOR'S SIGNATURE <u>George B. Orr</u> ADDRESS <u>Mt. Vernon, Mo</u>				

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

550

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield.

RECEIVED: MAY 3 1951

Dist. File 537-964

Date Filed 5-3-51

MAY 10 1951

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 George B. Owen

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.