

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15511

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. _____

0041

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>	c. LENGTH OF STAY (In this place) <u>3 Months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vandalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>115 East State</u>		d. STREET ADDRESS (If rural, give location) <u>115 East State</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Adele</u> c. (Last) <u>Weldy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1951</u>
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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>Dec 1, 1877</u>	9. AGE (In years, Months, Days) (If under 1 year: Hours, Min.) <u>73</u> <u>5</u> <u>16</u>
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10a. USUAL OCCUPATION (Give kind of work done during 10 years immediately preceding death, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Madisonville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>D. A. B. White</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Homer E. Weldy</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>No</u>	16. SOCIAL SECURITY # <u>491-14-8929</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alma Waters, Vandalia, Missouri</u>	ADDRESS <u>Vandalia, Missouri</u>
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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, asphyxia, 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>Chronic glomerulonephritis</u>		<u>2 Months</u>
	II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malig. neop. hypernephroma</u> DUE TO (c) _____		<u>6 Months</u>
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____			

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>445X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 March, 1919 to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ervin Thorne M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Vandalia Mo.</u>	23c. DATE SIGNED <u>5/17/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 19 1951</u>	REGISTRAR'S SIGNATURE <u>Mollie Ferguson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M.S. Hatus</u>	ADDRESS <u>Vandalia, Missouri</u>
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MS APR 12 1962

Date Received: MAY 23 1951

DISTRICT HEALTH OFFICE #2

District File Number 5-57-978

Date Filed: MAY 24 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Gene B. Waters

Signed.....
Student Embalmer

Licensed Embalmer No.

4169

P. O. Address

Vandalia 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.