

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22200**

BIRTH NO. 476-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 833

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u>	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 2708 Patee Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2708 Patee Street			

3. NAME OF DECEASED (Type or Print) a. (First) Jay	b. (Middle) Dee	c. (Last) Weddle	4. DATE OF DEATH (Month) (Day) (Year) August 2, 1951.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH January 14, 1951.	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 18	IF UNDER 12 HRS. Hours 	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Delbert E. Weddle	13b. MOTHER'S MAIDEN NAME Alice Wyatt	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Delbert E. Weddle	ADDRESS St. Joseph, Mo.
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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, asthenia, 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) Congenital Biliary Atresia with absence of common bile duct and gall bladder		7 mos +
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital heart disease and dextrocardia		7 mos +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7562	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 8, 1951, to Aug 2, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 10:00A m., from the causes and on the date stated above.

23a. SIGNATURE Wm Redmond, M.D.	(Degree or title)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 8/3/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 4, 1951.	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. Aug 7, 1951	REGISTRAR'S SIGNATURE Carl C. Casby	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meuchoffer	ADDRESS St. Joseph, Mo
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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 *Albert C. Hampton*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.