

FILED DEC 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37053

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>1121</u>			
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>			c. LENGTH OF STAY (in this place) <u>3 Week</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital and Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>West Main St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willis</u>			b. (Middle) <u>Albert</u>		c. (Last) <u>Wethered</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-1951</u>		
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>9-2-1866</u>		9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR Months <u>3</u> Days <u>0</u>	11. UNDER 12 HRS. Hour <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Grundy County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Wesley Wethered</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Handy</u>			14. NAME OF HUSBAND OR WIFE <u>Mabel E. Wethered</u>			
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 NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>D. D. Johnson</u>				ADDRESS <u>Bethany, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIO-VASCULAR RENAL Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u>						<u>7 days-</u>		
	DUE TO (c) <u>Broncho-Pneumonia</u>						<u>7 days-</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>								
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>442 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>				
22. I hereby certify that I attended the deceased from <u>Feb. 12, 1951</u> , to <u>Dec. 2, 1951</u> , that I last saw the deceased alive on <u>Dec 1, 1951</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Burr Clancy</u>				23b. ADDRESS <u>Bethany - Missouri -</u>		23c. DATE SIGNED <u>12-2-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>12/6/51</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>M. B. Bass</u>		ADDRESS <u>Bethany, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *MBH*.....

Licensed Embalmer No. 3899.....

P. O. Address Bethany 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.