

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44683

State File No.

FILED JAN 16 1953

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5961 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halfway (N. Benton)</u>		c. LENGTH OF STAY (in this place) <u>22 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halfway N. Benton</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mi. N. W. of Halfway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi. N. W. Halfway</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mi. N. W. of Halfway</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hensietta</u> b. (Middle) <u>Weddle</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>whi</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 22 1866</u>
9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR (Months) (Days) <u>0 6</u>	11. UNDER 1 WKA. (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 <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Polk Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Sylvester Smiley</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Chaney</u>	14. NAME OF HUSBAND OR WIFE <u>John William Weddle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Nellie H. Weddle</u> ADDRESS <u>Halfway</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> <u>15 yrs</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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 <u>Jan 1944</u> to <u>Dec 28, 1952</u> , that I last saw the deceased alive on <u>Dec 27, 1952</u> , and that death occurred at <u>11:05 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Bolivar Mo.</u>	23c. DATE SIGNED <u>1-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Dec 30, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery S. W. of Halfway, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Bolivar Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan 6, 1953</u>	REGISTRAR'S SIGNATURE <u>Ralph Gorden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Bolivar, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 Richard B. Ewing

Licensed Embalmer No. 3092

P. O. Address Polina, 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.