

S. No. 300
EV. 10.48
FILED MAR 24 1953THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10286

State File No. _____
REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 137

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 137									
1. PLACE OF DEATH a. CITY Jasper				2. USUAL RESIDENCE—(Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY Jasper											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (In this place) 61 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0495									
d. FULL NAME OF HOSPITAL OR INSTITUTION 444 S. Cox				d. STREET ADDRESS (If rural, give location) 444 S. Cox											
3. NAME OF DECEASED (Type or Print) ANNA WEDEKING			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH March 8, 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH August 30, 1868		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work				10b. KIND OF BUSINESS OR INDUSTRY Own Home				11. BIRTHPLACE (City and State or Foreign Country) Illinois				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Wedeking				13b. MOTHER'S MAIDEN NAME Margaret Kraft				14. NAME OF HUSBAND OR WIFE None							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Mrs. M. M. Boyd, 444 S. Cox, Joplin, Mo.				ADDRESS			
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>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 1 yr.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343								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) (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 3-29 1952, to 3-8 1953, that I last saw the deceased alive on 3-8 1953, and that death occurred at 8:00P m., from the causes and on the date stated above.															
23a. SIGNATURE <u>Alice H. Wilson</u> (Degree or title) <u>MD</u>				23b. ADDRESS 1923 Sergeant				23c. DATE SIGNED 3-10-53							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-10-53		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery				24d. LOCATION (City, town, or county) (State) Joplin, Missouri							
DATE REC'D BY LOCAL REG. 3-18-53		REGISTRAR'S SIGNATURE <u>W. S. ...</u>				25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mortuary Joplin, Mo.									

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-23-53
Jasper County Health Office

County File Number 53/3/266
Date Filed 3-23-53

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 David Hillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.