

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20909**

FILED JUL 14 1953

REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **239**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Callaway	
b. CITY OR TOWN FULTON	c. LENGTH OF STAY (in this place) 6 DAY	c. CITY OR TOWN FULTON TWP	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital		e. STREET ADDRESS (If rural, give location) Rt. 6. FULTON Mo. 1	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) EUGENE c. (Last) WETHERELL	4. DATE OF DEATH (Month) (Day) (Year) JULY 11, 1953						
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 8, 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo	12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME BENJ. WETHERELL	13b. MOTHER'S MAIDEN NAME LARRIE Belle CHADWICK	14. NAME OF HUSBAND OR WIFE MARY Wisley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS B. Robert Mitchell Fulton Mo

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days 6 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Central Hemorrhagic Stroke Leukemia DUE TO (c) Generalized Arteriosclerosis Prostate Hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Major hemorrhage (stroke) at site of 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **5/11, 1954**, to **7/11, 1953**, that I last saw the deceased alive on **7/10, 1953**, and that death occurred at **2:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE George J. Wood	(Degree or title)	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 7/11/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 13/53	24c. NAME OF CEMETERY OR CREMATORY HILLCREST C.M.	24d. LOCATION (City, town, or county) (State) FULTON MO

DATE REC'D BY LOCAL REG. July 11-1953	REGISTRAR'S SIGNATURE Maretha Lawrence	4265	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marye Funeral Home Fulton Mo
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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.....
Signature of Student Embalmer

Signed *J. D. Ross*
Licensed Embalmer No. *25*
P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.