

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19458**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 722

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Johnson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>warrensburg, Missouri</u>                                   |  |
| c. LENGTH OF STAY (in this place) <u>8 years</u>   |  | d. STREET ADDRESS (If rural, give location) <u>722 South Maguire St.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 722 S. Maguire St.</u>                     |  |   |  |

|                                     |                           |                          |                         |  |
|-------------------------------------|---------------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ESTELLE</u> | b. (Middle) <u>MARIE</u> | c. (Last) <u>WELDON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 23rd, 1954</u> |
|-------------------------------------|---------------------------|--------------------------|-------------------------|--|

|                      |                               |   |  |   |   |   |
|----------------------|-------------------------------|---|--|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 31st, 1878</u> | 9. AGE (In years last birthday) <u>78</u> | 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) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>New York State,</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|--|--|

|                                       |   |  |
|---------------------------------------|---|--|
| 13a. FATHER'S NAME <u>Henry Sweet</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Tackley</u> | 14. NAME OF HUSBAND OR WIFE <u>George Eugene Weldon,</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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Roy Weldon, Warrensburg, Mo.</u> |
|--|-------------------------------------|---|

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|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 -  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 wk.</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia hypostatic</u>   |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral arteriosclerosis</u> |  |  |
| DUE TO (c) _____  |  |  | <u>10 yrs</u>                                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) <u>334X</u> |
|--|--|---|

|   |  |                           |
|---|--|---------------------------|
| 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 June 1949, 1949, to 6-23-, 1954, that I last saw the deceased alive on 6-23, 1954, and that death occurred at 9 P. m., from the causes and on the date stated above.

|   |   |                                   |
|---|---|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>T. Reed Mason</u> | 23b. ADDRESS <u>Warrensburg, Missouri</u> | 23c. DATE SIGNED <u>6-23-1954</u> |
|---|---|-----------------------------------|

|   |                            |   |   |
|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-25-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery,</u> | 24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri.</u> |
|---|----------------------------|---|---|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>June 25, 1954</u> | REGISTRAR'S SIGNATURE <u>Savannah Crutcher</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. A. Brautinger, Warrensburg, Mo.</u> |
|---|--|--|

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

RECEIVED  
JUN 28 1954  
RECEIVED

JOHNSON COUNTY HEALTH DEPT

JUN 19 6 1 70P

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed W. B. Bauninger

Signed .....  
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.