

FILED NOV 1 - 1954

THE REPUBLIC OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34737**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3049** Registrar's No. **249**

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. CITY OR TOWN <b>Maitland</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>0441</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Deedee</b> b. (Middle) <b>G</b> c. (Last) <b>Weller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-13-1954</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>1-17-1873</b>
9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Maitland, Mo.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Home - own</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>J.D. Goodpasture</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>J.E. Weller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hiram D. Weller-Denver, Colo.</b>	

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		INTERVAL BETWEEN ONSET AND DEATH <b>not known</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Pancreas not known</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>not known</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>gallstones</b>		<b>not known</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>obstruction of bile ducts 157X</b>		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) m.		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 **Sept 9, 1954 to Oct 13, 1954** that I last saw the deceased alive on **Oct 12, 1954** and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Blumberg</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Maryville, Mo.</b>		23c. DATE SIGNED <b>10/23/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-15-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maitland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Maitland, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>10-30-54</b>		REGISTRAR'S SIGNATURE <b>Bessie Hull</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.D. Stephens</b>		ADDRESS <b>Maryville</b>	
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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 *G. M. Attleson*

Licensed Embalmer No. *227*

P. O. Address *Mayfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.