

FILED NOV 22 1954

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5927</u>		Registrar's No. <u>393</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Ridge</u>		c. LENGTH OF STAY (in this place) <u>79 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Ridge</u>		<u>0 8 00</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) <u>OTHO</u>		c. (Last) <u>WELLER</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>9,</u>		(Year) <u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 29, 1871</u>	
9. AGE (In years last birthday) <u>83</u>		If UNDER 1 YEAR Months _____ Days _____		If UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marion, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Weller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Staley</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Johnson Weller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Weller, Green Ridge, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Arteriosclerotic Heart Disease</u> Morbidity 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. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>4-5 yrs.</u>	
19b. MAJOR FINDINGS OF OPERATION <u>4-200</u>		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 <u>3-17, 1954</u> to <u>Nov 9, 1954</u> , that I last saw the deceased alive on <u>Nov 9, 1954</u> , and that death occurred at <u>3 p. m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Claude M. Thurber M.D.</u>		(Degree or title)		23b. ADDRESS <u>Windsor Mo</u>		23c. DATE SIGNED <u>11/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/12/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McGee Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Pettis County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/18/54</u>		REGISTRAR'S SIGNATURE <u>Harmon Cooney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Spitzman</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Student Embalmer

Signed

*R. E. Baker*

Licensed Embalmer No.

*2419*

P. O. Address

*Seaside 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.