

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40703

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Harrison</u>		b. STATE <u>Missouri</u>		b. COUNTY <u>Harrison</u>			
b. CITY OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (if this place) <u>1 day</u>		c. CITY OR TOWN <u>Rural</u>		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 <u>Bethany Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Grant township 0410</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Emi</u>		b. (Middle) <u>Harrison</u>		c. (Last) <u>Wethered</u>		Date: (Month) (Day) (Year) <u>12-10-1954</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>3-12-1876</u>	
9. AGE (In years, last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo. 0</u>	
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Charles Wesley Wetland</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Handy</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah M. Wetland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sarah M. Wethered</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>		ANTECEDENT CAUSES				<u>5 men</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arteriosclerosis</u>				<u>2 days</u>	
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		19b. MAJOR FINDINGS OF OPERATION <u>4331</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) (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 <u>Dec 9, 1954</u> , to <u>Dec 10, 1954</u> , that I last saw the deceased alive on <u>Dec 10, 1954</u> , and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>Merriam Leavelle M.D.</u>				23b. ADDRESS <u>Bethany Mo.</u>		23c. DATE SIGNED <u>12/10/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Merriam</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/24/54</u>		REGISTRAR'S SIGNATURE <u>Zola Burris 116-2</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Har</u> ADDRESS <u>Bethany Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR -1 1955

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..... *W.B. Haas*

Licensed Embalmer No. *389*

P. O. Address *Bethany,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.