

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **610**BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Cass.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Drexel,</u>		c. LENGTH OF STAY (If able place) <u>2 1/2 Yrs</u>	c. CITY OR TOWN <u>Drexel</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hospital, at home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Main Street.</u> 0190	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>ALPHA</u>	b. (Middle) <u>WHITE</u>	c. (Last) <u>WELDON.</u>	(Month) (Day) (Year) <u>Feb. 3, 1956.</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>	8. DATE OF BIRTH <u>Feb. 23, 1878</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Miami County Kansas.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Housework.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Ike D. White</u>	13b. MOTHER'S MAIDEN NAME <u>Minerva McLain.</u>	14. NAME OF HUSBAND OR WIFE <u>Jas. A. Weldon. Dcsd.</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>John B. White, Merwin, Mo.</u>

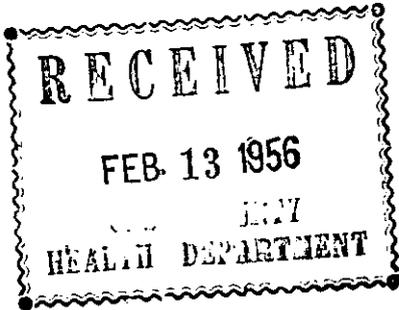
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of liver</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Probable Carcinoma of Pt. Lung removed elsewhere about 4 yrs</u>		
	DUE TO (c) <u>Age</u>		
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>175X</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 Nov 17, 1955, to Feb. 3, 1956, that I last saw the deceased alive on Feb. 2, 1956, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Basel E. Hartwig</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Drexel, Missouri.</u>	23c. DATE SIGNED <u>2/3/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/5/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rockville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miami County, Kansas.</u>
DATE REC'D BY LOCAL REG. <u>2/5/56.</u>	REGISTRAR'S SIGNATURE <u>Nora Barwood</u>	45	25. FUNERAL HOME OR ADDRESS <u>Drexel, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)



MAR 07 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, ~~XX~~ by ~~XXX~~..... ~~XX~~ Student Embalmer No. ~~XX~~

working ~~under my personal supervision~~

Student ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~.....
Signature of Student Embalmer

Signed ..... J. B. Hays.....
Licensed Embalmer No. 19

P. O. Address Drexel,

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.