

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038640

STATE FILE NUMBER 196

FILED OCT 28 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No.

S. 300  
1-57

0

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hospital</b>			Length of stay in lb <b>6 hrs</b>	108 <sup>th</sup> STREET ADDRESS <b>626 W. Allison</b>			(If outside, give location) Reside on Fgmn Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>August</b> Middle <b>J</b> Last <b>Wethy</b>			4. DATE OF DEATH Month <b>Oct</b> Day <b>21</b> Year <b>1958</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 30, 1873</b>		9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rail Road</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R. R.</b>		11. BIRTHPLACE (City and state or country) <b>9 USA</b>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>--- Wethy</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Annie Wethy</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No X X X</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Josephine Higginbotham, KC. Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b>						INTERVAL BETWEEN ONSET AND DEATH <b>17 hrs.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Severe cerebral arteriosclerosis</b>						Unknown		
DUE TO (c) <b>Generalized arteriosclerosis</b>						Unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <b>April 25, 1958</b> to <b>Oct. 21, 1958</b> and last saw <del>him</del> <sup>her</sup> alive on <b>October 21, 1958</b> . Death occurred at <b>Nevada, Mo.</b> <b>4:50 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>L. P. McCann</i> <b>L. P. McCann, M. D.</b>				22b. ADDRESS <b>Moore Bldg., Nevada, Missouri</b>		22c. DATE SIGNED <b>10/21/58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-23-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary</b>		23d. LOCATION (City, town, or county) (State) <b>Nevada Mo</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Richard L. Shorten Nevada, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>10-22-1958</b>		26. REGISTRAR'S SIGNATURE <i>Armed &amp; Jerry</i>			

JAN 7 1959  
DEC 9 0 8 330

### 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 *Raymond C. McLeod* .....

Licensed Embalmer No. 4853

P. O. Address 7 Lincoln St.

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.