

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008235

STATE FILE NUMBER

FILED MAR 16 1959

Registration District No. 374 Primary Registration District No. 6275 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Worth County Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Smith Township TOWN Smith Township		c. CITY OR TOWN Allendale Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION northeast of Allendale		d. STREET ADDRESS (If outside, give location) 7 miles north east	

3. NAME OF DECEASED (Type or print) Julia Ellen Weddle			4. DATE OF DEATH Month February Day 21 Year 1959		
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH June-22-1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 8 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Worth County	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Thomas Petry		13b. MOTHER'S MAIDEN NAME Syrena Gable		14. NAME OF HUSBAND OR WIFE Arthur Albert Weddle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 4221		17. INFORMANT Address Clarence Weddle Grant City Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embolus, lt femoral Artergy			INTERVAL BETWEEN ONSET AND DEATH 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Cardiovascular Disease		5 yrs
	DUE TO (c)		

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 ☐ NO ☒ 2
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20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour 11pm Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Grant STATE Mo	

21. I attended the deceased from 1950 to Feb 21, 1959 and last saw her alive on Feb 21, 59 Death occurred at 11pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank B Matteson M D		22b. ADDRESS Grant City, Mo	22c. DATE SIGNED 2/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 24 - 59	23c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery	23d. LOCATION (City, town, or county) (State) Grant City Mo
24. FUNERAL DIRECTOR John Andrews		25. DATE RECD. BY LOCAL REG. March 10 1959	26. REGISTRAR'S SIGNATURE Bowley Kibbe

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 John Andrews, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.