

# 1 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043135

STATE FILE NUMBER

FILED VS NOV 23 1960 292

Registration District No. 292 Primary Registration District No. 4434 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Ralls.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Ralls.</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Center, Missouri.</b>		Length of stay in 1b <b>85 Yrs</b>		c. CITY OR TOWN <b>Center, Mo.</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>Center, Missouri.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Center, Mo.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOSE</b> Middle <b>B.</b> Last <b>WELDY.</b>				4. DATE OF DEATH Month <b>Nov</b> Day <b>10</b> Year <b>1960.</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-9-1884</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>85</b> Days <b>85</b> Hours <b>85</b> Min. <b>85</b>		IF UNDER 24 HR Months <b>85</b> Days <b>85</b> Hours <b>85</b> Min. <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Center, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Cash Adams.</b>		13b. MOTHER'S MAIDEN NAME <b>Synthia Adams.</b>		14. NAME OF HUSBAND OR WIFE <b>Chas Weldy.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs Clarence Rismiller. Center, 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>Myocarditis Acute</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pneumonia Bronchial</b> DUE TO (c) <b>Unknown</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>4 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <b>4:25</b> a.m. <b>4:25</b> p.m. <b>4:25</b>	Month, Day, Year <b>Sept. 24 '59</b>		20d. INJURY OCCURRED WHILE AT WORK <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.) <b>Salem Cemetery.</b>		20f. CITY, TOWN, OR LOCATION <b>Center, Missouri.</b>		COUNTY <b>Ralls Co, Mo.</b>		STATE <b>Mo.</b>	
21. I attended the deceased from <b>Sept. 24 '59</b> to <b>Nov. 10 '60</b> and last saw her alive on <b>Nov. 10 '60</b> Death occurred at <b>4:25</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <b>C. H. Brooks</b>		22b. ADDRESS <b>D.O. Center, Missouri.</b>	
22c. DATE SIGNED <b>11-10-60</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-12-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery.</b>	
23d. LOCATION (City, town, or county) <b>Ralls Co, Mo.</b>		23e. DATE RECD. BY LOCAL REG. <b>11-12-1960</b>		23f. REGISTRAR'S SIGNATURE <b>Clyde C. Wilkey</b>		23g. ADDRESS <b>Perry, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

☒ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Clyde C. Wickrey*

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.