SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020694
STATE FILE NUMBER

AMENDED

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 29

FILED JUN 20 1961

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kahoka — Length of stay in 1b 14 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mitchells Rest Home — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clark
c. CITY OR TOWN Kahoka Mo. — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 653 N. Walnut — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Ida Middle Belle Last Weller
4. DATE OF DEATH Month June Day 1 Year 1961
5. SEX female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 9/20/1870
9. AGE (last birthday) 90 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (City and state or country) Iowa
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Eaton
13b. MOTHER'S MAIDEN NAME Rachel Macey
14. NAME OF HUSBAND OR WIFE Edward Weller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Pearl Armstrong Address Kahoka Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Sepsis — INTERVAL BETWEEN ONSET AND DEATH hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Lobar pneumonia — 2 days
DUE TO (c) Prolonged recumbency from cachexia — 3 mo
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 STATE

21. I attended the deceased from 3-4-61, to 6-1-61 and last saw her/him alive on 6-1-61
Death occurred at 6:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. L. Wettis, Co
22b. ADDRESS Kahoka Mo.
22c. DATE SIGNED 6-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 4-1961
23c. NAME OF CEMETERY OR CREMATORY Combs Cemetery
23d. LOCATION (City, town, or county) Luray (State) Mo.

24. FUNERAL DIRECTOR Otis L. Tutting — ADDRESS Kahoka Mo
25. DATE RECD. BY LOCAL REG. 6/16-61
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Otis L Tutting

Signature of Student Embalmer

Licensed Embalmer No. 2965

P. O. Address Terray

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