MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-000189

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 2

FILED JAN 8 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WARSAW — Length of stay in 1b: years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: Benton
c. CITY OR TOWN: WARSAW — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Thelma Middle: Last: Weller
4. DATE OF DEATH: Month: JAN Day: 3 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Oct 1, 1898
9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months 3 Days 2 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Harley Alkire
13b. MOTHER'S MAIDEN NAME: Alice Alkire
14. NAME OF HUSBAND OR WIFE: deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT: Robert Heetke — Address: 1653 Laurel ave Columbus, Ohio

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	SEPSIS	10 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	SECONDARY BRONCHOPNEUMONIA	2 WEEKS
DUE TO (c)	INFLUENZA	3 WEEKS

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 DEC., 12, 1961, to JAN., 3, 1962 and last saw her/him alive on JAN., 3, 1962
Death occurred at 10:30 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Russ Salley DO
22b. ADDRESS: WARSAW, MO.
22c. DATE SIGNED: 1-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 5, 1962
23c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
23d. LOCATION (City, town, or county) (State): Warsaw Benton Co, Mo

24. FUNERAL DIRECTOR: John F Reser ADDRESS: Warsaw
25. DATE RECD. BY LOCAL REG.: Jan. 5 1962
26. REGISTRAR'S SIGNATURE: Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.