

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29492

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>17</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>309</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Callaway</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Callaway</u>		b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>3998a</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>				d. STREET ADDRESS (If rural, give location) <u>DK</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			4. DATE OF DEATH	
(Type or Print) <u>NANCY</u>			a. (First) <u>WELDON</u>			b. (Middle)	
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)			4. DATE OF DEATH	
5. SEX <u>♀</u>			6. COLOR OR RACE <u>negro</u>			7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	
8. DATE OF BIRTH <u>D.K.</u>			9. AGE (In years last birthday) <u>63</u>			IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>1</u>			11. BIRTHPLACE (State or foreign country) <u>DK</u>	
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME <u>DK</u>			13b. MOTHER'S MAIDEN NAME <u>DK</u>	
14. NAME OF HUSBAND OR WIFE <u>1</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records Staff/Hpt #1</u>			17. INFORMANT'S SIGNATURE OR NAME			ADDRESS <u>Fulton</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chd. myocarditis</u>			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>11 22 1</u>			
II. OTHER SIGNIFICANT CONDITIONS				II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>gen arteriosclerosis</u>				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		20. AUTOPSY?	
YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 7, 1949</u> , to <u>Sept 8, 1949</u> that I last saw the deceased alive on <u>Sept 8, 1949</u> and that death occurred at <u>11 28</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. Caldwell</u>				23b. ADDRESS <u>State Hospital #1 Fulton</u>		23c. DATE SIGNED <u>9/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 14 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Sept. 17, 1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence by RCM</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u>		ADDRESS <u>Fulton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10.48

RECEIVED  
SEP 20 1949  
District Health Officer No. 9,  
District File Number

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Denzil C. Browning

Signed.....  
Student Embalmer

Licensed Embalmer No. 27246

P. O. Address Fulton and

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 this body is not embalmed, fact should be so stated above.