

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1360
190
Registrar's No.

FILED FEB 13 1951

BIRTH NO. 15878-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hardin</u> <u>0890</u>	
c. LENGTH OF STAY (in this place) <u>8 - 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conley Maternity</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Linda</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Weddle</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>1</u> <u>14</u> <u>51</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>No.</u>	8. DATE OF BIRTH <u>1-13-51</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR <u>0</u> Months <u>0</u> Days	IF UNDER 11 HRS. <u>7</u> Hours <u>48</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Farrell Amos Weddle</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille See</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucille Weddle</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Infant.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 Hrs. 48 Min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7762</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-13, 1951, to 1-14, 1951, that I last saw the deceased alive on 1-14, 1951, and that death occurred at 2:55A m., from the causes and on the date stated above.

23a. SIGNATURE <u>C.S. Anderson</u> (Degree or title)	23b. ADDRESS <u>22425 Independence Ave. K.C. Mo.</u>	23c. DATE SIGNED <u>1-14-51</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>1-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hardin</u>	24d. LOCATION (City, town, or county) (State) <u>Hardin Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-14-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kaufmann & Koenig</u>	ADDRESS <u>Hardin Mo.</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

August Bouchard

Licensed Embalmer No. *4678*

Signed.....
Student Embalmer

P. O. Address *Hardin, 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 this body is not embalmed, fact should be so stated above.