

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9391

FILED APR 4 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5808 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liege</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liege</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>May</u> c. (Last) <u>Weldon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 24 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept 22 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General duty</u>		11. BIRTHPLACE (State or foreign country) <u>Montgomery Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>James Wallace Weldon</u>		13b. MOTHER'S MAIDEN NAME <u>Cornelia Ann Gogser</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Maragret Weldon</u>		ADDRESS <u>Liege Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL APOPLEXY</u>		ANTECEDENT CAUSES				<u>9 Hours</u>	
DUE TO (b) <u>CHRONIC HYPERTENSION</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>-10 YEARS</u>	
DUE TO (c) <u>CHRONIC MYOPARDITIS</u>		II. OTHER SIGNIFICANT CONDITIONS				<u>10 YRS</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>CHRONIC INTERSTITIAL NEPHRITIS 10 YRS</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 3-23, 1951, to 3-24, 1951, that I last saw the deceased alive on 3-23, 1951, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm Van Ardale D.O.</u>		23b. ADDRESS <u>221 Montgomery Pike Mo</u>		23c. DATE SIGNED <u>3-24-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 26-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pewl Gem Near Gamma</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery Co Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3-27-51</u>		REGISTRAR'S SIGNATURE <u>Mrs May Mills</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wanda Jones</u>		ADDRESS <u>Bellflower Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 3 1951

RECEIVED

APR 12 1951

JUL 11 1956

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 _____

Me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Charles A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.