

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3880**
Registrar's No. **14**

FILED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **4010**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Andrew	
b. CITY OR TOWN REA, Mo	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN REA	0020
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) Florence	a. (First) Florence	b. (Middle) MAV	c. (Last) Weldon	4. DATE OF DEATH (Month) (Day) (Year) 2-16-1952
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH 5-13-1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Days 7	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Davies Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME WARTH HARRIS	13b. MOTHER'S MAIDEN NAME REBECCA BEASLEY	14. NAME OF HUSBAND OR WIFE Thomas H. Weldon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Thomas H. Weldon	ADDRESS REA, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchial Pneumonia		3 days.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) diabetes mellitus DUE TO (c) ↑		30 yrs.
II. OTHER SIGNIFICANT CONDITIONS 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? 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) m.	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 **10-20, 1951**, to **2-15, 1952**, that I last saw the deceased alive on **2-15, 1952**, and that death occurred at **2:30** m., from the causes and on the date stated above.

23a. SIGNATURE Lilbert B. Kelley (Degree or title)	23b. ADDRESS Savannah, Mo	23c. DATE SIGNED 2-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-19-52	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St Joseph, Mo
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DATE REC'D BY LOCAL REG. 2-18-52	REGISTRAR'S SIGNATURE Lillian Sparks	25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home	ADDRESS Savannah Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.