

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2064

State File No.

FILED JAN 14 1953

BIRTH NO. ... REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 272 Registrar's No. 11.

1540
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly, Mo. Rural		c. LENGTH OF STAY (In this place) 3 da.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kelling Hospital & Clinic		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waverly, Rural 0540	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna Frances	b. (Middle) Weedin	c. (Last) Weedin	4. DATE OF DEATH (Month) (Day) (Year)	1 3 1953
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH July 6, 1866	9. AGE (In years: last birthday) 86	IF UNDER 1 YEAR: Months 5 Days 9	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) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Clinton County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Dr. Curtis Hudson	13b. MOTHER'S MAIDEN NAME Sarah Adams	14. NAME OF HUSBAND OR WIFE John W. Weedin, deceased.
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ernest Weedin, Waverly, Missouri	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular renal disease		INTERVAL BETWEEN ONSET AND DEATH Jan 3 1952 Jan 3 1953 2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 442x	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) (Min.)	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 10:36 to Jan 3, 1953, that I last saw the deceased alive on Jan 3, 1953, and that death occurred at 9:56 p.m., from the causes and on the date stated above.

23a. SIGNATURE Jordan Kelling M.D.	(Degree or title)	23b. ADDRESS Waverly, Mo.	23c. DATE SIGNED 1/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Waverly, Cemetery	24d. LOCATION (City, town, or county) (State) Waverly, Lafayette, Mo.
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DATE REC'D BY LOCAL REG. Jan 7-1953	REGISTRAR'S SIGNATURE Clayton H. Landrum	1540	25. FUNERAL DIRECTOR'S SIGNATURE Alfred N. Brumby	ADDRESS
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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

Alfred N. Bremer

Licensed Embalmer No. 2696.

P. O. Address Alma, Missouri

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.