No. 200
10.48

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

FILED MAY 11 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

11485

State File No. 11485

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 71

**1. PLACE OF DEATH**
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grand River
c. LENGTH OF STAY (In this place): 30 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lone Tree Missouri

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grand River 0190
d. STREET ADDRESS (If rural, give location): Lone Tree Missouri 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Theodore
b. (Middle): Freelin
c. (Last): Weddington

**4. DATE OF DEATH** (Month) (Day) (Year): May 4 1954

**5. SEX**: Male C
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 17, 1871
**9. AGE** (In years last birthday): 82 — IF UNDER 1 YEAR: Months 11, Days 16 — IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Same
**11. BIRTHPLACE** (City and State or Foreign Country): Coal Run Kentucky
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: William Weddington
**13b. MOTHER'S MAIDEN NAME**: Suzane Radliff
**14. NAME OF HUSBAND OR WIFE**: Nannie Elizabeth Weddington
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Mrs. Nannie Weddington, Harrisonville, Mo.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis
DUE TO (c) senility

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** 4500
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* March, 1951, *to* 5-4-, 1954, *that I last saw the deceased alive on* 5-3-, 1954, *and that death occurred at* 5:20 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Edward S. Jones M.D. (Degree or title)
**23b. ADDRESS** Harrisonville Mo
**23c. DATE SIGNED** 5-5-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: May 6, 1954
**24c. NAME OF CEMETERY OR CREMATORY**: Orient Cemetery
**24d. LOCATION** (City, town, or county) (State): Harrisonville, Mo.

DATE REC'D BY LOCAL REG.: May 6, 1954
REGISTRAR'S SIGNATURE: Nora Barnard 4370
FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Atkinson Bros Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1954

RECEIVED
MAY 8 1954
CASS COUNTY
HEALTH DEPARTMENT

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 Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, 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.