

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27820**
3775
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 Yrs.		e. STREET ADDRESS (If rural, give location) 5407 Cherry	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 5407 Cherry Street			

3. NAME OF DECEASED (Type or Print)	a. (First) BEN	b. (Middle) B.	c. (Last) WELDON	4. DATE OF DEATH (Month) (Day) (Year) August 1, 1954
-------------------------------------	-----------------------	-----------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 24, 1882	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Automobile Equipment Manufacturing	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Stanley, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	---	---	--

13a. FATHER'S NAME William B. Weldon	13b. MOTHER'S MAIDEN NAME Mary Mitchum	14. NAME OF HUSBAND OR WIFE Mrs. Nellie M. Weldon
---	---	--

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. 493-12-5614A	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie M. Weldon, 5407 Cherry, K.C.	ADDRESS _____
--	---	---	---------------

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 Apr 1954 1952
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A-V Heart Block		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Arteriosclerosis: Post renal		
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"/>
------------------------------	--	--

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) Kansas City, Jackson, Mo.
--	--	---

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? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from Aug 7, 1954 to Aug 1, 1954, that I last saw the deceased alive on July 26, 1954 and that death occurred at 2:15 P.M., from the causes and on the day stated above.

23a. SIGNATURE R. Stanley Morest (Degree or title) MD	23b. ADDRESS 1000 Park Blvd, Kansas City, Mo.	23c. DATE SIGNED 8/2/54
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 8-3-54	24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. 8-2-54	REGISTRAR'S SIGNATURE Beauline Smith	25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary ADDRESS Kansas City, Mo.
--	---	--

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

Dr. Stanley Morest
Prof. Bldg.
1-5

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
Signature of Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 435

P. O. Address Kansas

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.