

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30183

State File No.

FILED SEP 21 1954

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5359 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY Daviness

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Daviness

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Grand River Twp Few Min

c. CITY OR TOWN Gallatin

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 12 Miles N.E. Gallatin, Mo.

e. STREET ADDRESS (If rural, give location) --- 0310

3. NAME OF DECEASED (Type or Print)
a. (First) Lloyd b. (Middle) Chapman c. (Last) Weldon

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 11 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 26 1894

9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days 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 Farm Owner

11. BIRTHPLACE (City and State or Foreign Country) Breckenridge, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Harve Weldon

13b. MOTHER'S MAIDEN NAME Amanda Ramsbottom

14. NAME OF HUSBAND OR WIFE Helen Weldon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I

16. SOCIAL SECURITY NO. 500-36-2044

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Weldon, Gallatin, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES DUE TO (b) Coronary heart disease with old infarction
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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) (Min.)

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 May 22 1954, to Sept 11 1954, that I last saw the deceased alive on Sept 11 1954 and that death occurred at 5:10 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward Orison M.D.

23b. ADDRESS Gallatin Mo

23c. DATE SIGNED 9/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept. 14 54

24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery

24d. LOCATION (City, town, or county) (State) Gallatin, Missouri

DATE REC'D BY LOCAL REG. 9-16-54

REGISTRAR'S SIGNATURE Virginia M. Engelhart

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Funeral Home, Gallatin, Mo.

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

SEP 24 1954

OCT 5 1954

SEP 28

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 *L. A. [Signature]*.....

Licensed Embalmer No. 330

P. O. Address *Pallat*

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.