

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1831

State File No. ....

88

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City Mo</u>	c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6029 Agnes Ave</u>		e. STREET ADDRESS (If rural, give location) <u>6029 Agnes Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Myra</u> b. (Middle) <u>Weldon</u> c. (Last) <u>2180</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6 - 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>9-27-1875</u>	9. AGE (in years last birthday) <u>79</u>	f. UNDER 1 YEAR Months _____ Days _____	g. UNDER 24 HRS. Hours _____ Min. _____
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Pinkney Mann</u>	13b. MOTHER'S MAIDEN NAME <u>Mary C Tullerton</u>	14. NAME OF HUSBAND OR WIFE <u>Jack W. Weldon</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Harry Wade, Mrs Agnes</u>
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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, asphyxia, 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) <u>Acute Cerebral Thrombosis</u>		<u>3 days</u>
	ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Arteriosclerosis</u>		<u>1 year</u>
DUE TO (c) <u>Diabetes mellitus</u>		<u>332X</u>	<u>2 years</u>

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)	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 Jan 1, 1953 to Jan 6, 1955, that I last saw the deceased alive on Jan 6, 1955, and that death occurred at 7:45 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>John K. Caldwell</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>306 E 12 St. Kansas City, Mo.</u>	23c. DATE SIGNED <u>1/6/55</u>
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24a. BURIAL CREMATION (Specify) <u>Burial</u>	24b. DATE <u>1-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarcophic Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Sarcophic Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-7-55</u>	REGISTRAR'S SIGNATURE <u>Nevel Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Jackson Sons Sarcophic Mo</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

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. *710* working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Wm K Jackson*

Licensed Embalmer No. *393*

P. O. Address *Savannah*

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.