No. 300
10.48

FILED FEB 23 1955

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

5864

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 12

**1. PLACE OF DEATH**
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 118 Hill St 1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN: Richmond
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 118 Hill Street 0891 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): LAWRENCE
b. (Middle): HENRY
c. (Last): WEDDLE

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 15, 1955

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Oct. 12, 1903
**9. AGE** (In years last birthday): 51 — IF UNDER 1 YEAR: Months 6, Days 3 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer formerly worked for Power Light
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country): Roll County, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: De Witt Weddle
**13b. MOTHER'S MAIDEN NAME**: Sadie Rinehart
**14. NAME OF HUSBAND OR WIFE**: Erma Faye McBrien

**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.**: 500-09-6218
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs. Lawrence Weddle, Richmond, 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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardio Vascular Disease — 10 yrs
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**: 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) 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* Jan 2, 1952, *to* Feb 15, 1955, *that I last saw the deceased alive on* Feb 15, 1955, *and that death occurred at* 8:45A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): M. E. G. Kerr AB2DO
**23b. ADDRESS**: Richmond, Mo
**23c. DATE SIGNED**: 2/16/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2-17-1955
**24c. NAME OF CEMETERY OR CREMATORY**: Hardin Cemetery
**24d. LOCATION** (City, town, or county) (State): Hardin, Missouri

**DATE REC'D BY LOCAL REG.**: Feb. 18-1955
**REGISTRAR'S SIGNATURE**: Mabel Jackson 2730
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Thomas J. Carter, Richmond, Mo.

(Licensed Embalmer's 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 embalr

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.