No. 300
10.48

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

FILED APR 18 1955

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

State File No. 11110

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 373

**1. PLACE OF DEATH**
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (in this place): 10 yrs 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 2

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

0659

**3. NAME OF DECEASED** (Type or Print)
a. (First): Arthur
b. (Middle):
c. (Last): Weddle

**4. DATE OF DEATH** (Month) (Day) (Year): April 6 - 1955

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): never married
**8. DATE OF BIRTH**: Jan 22 - 1882
**9. AGE** (In years last birthday): 73 — IF UNDER 1 YEAR: Months 2, Days 14 — 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**: Farming
**11. BIRTHPLACE** (City and State or Foreign Country): Missouri, Mercer County
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Andrew Weddle
**13b. MOTHER'S MAIDEN NAME**: Nancy England
**14. NAME OF HUSBAND OR WIFE**: None

**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**: none (County Court, Mercer Co., 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) Cancer of Colon — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

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)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* mental defective.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 153 X
**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* 2-16-, 1952, *to* 4-7-, 1955, *that I last saw the deceased alive on* 4-6-, 1955, *and that death occurred at* 9:10 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: J. H. Murray (Degree or title) M.D.
**23b. ADDRESS**: State Hospital No. 2, St. Joseph, Mo.
**23c. DATE SIGNED**: 4-7-1955

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Apr. 11. 1955
**24c. NAME OF CEMETERY OR CREMATORY**: Kirkwood Memorial Park
**24d. LOCATION** (City, town, or county) (State): Kirkwood Mo.

**DATE REC'D BY LOCAL REG.**: April 12, 1955
**REGISTRAR'S SIGNATURE**: Esther M. Allison 4-85 07
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Eugene Clark St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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