

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12469

State File No. ....

FILED APR 26 1955

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>62</u>			
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lebanon</u> )		c. LENGTH OF STAY (in this place) <u>12 days</u>		c. CITY OR TOWN <u>Lebanon</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>Wallace Memorial Hospital</u>				STREET ADDRESS (If rural, give location) <u>1151 Main St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Dallas</u>		c. (Last) <u>Weddle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 3, 1881</u>			
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>State of Illinois /</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Geo. Thomas Weddle</u>		13b. MOTHER'S MAIDEN NAME <u>Charity Conrad</u>		14. NAME OF HUSBAND OR WIFE <u>Almira Weddle</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Almira Weddle</u>			ADDRESS <u>Lebanon, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ulcerative colitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>sensitivity - gen. arteriosclerosis</u> <u>arteriosclerotic Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>one year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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)		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 <u>May 6, 1954</u> , to <u>April 15, 1955</u> , that I last saw the deceased alive on <u>April 15, 1955</u> and that death occurred at <u>3:40 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. J. Shaver M.D.</u>				(Degree or title)		23b. ADDRESS <u>575 North Jefferson, Lebanon, Mo.</u>		23c. DATE SIGNED <u>April 15-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/17/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-18-1955</u>		REGISTRAR'S SIGNATURE <u>Wella</u>		424		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holman Funeral Home</u> ADDRESS <u>Lebanon, Mo.</u>			

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

Received ..... 4-25-53  
Laclede County Health Unit  
File No. .... 61  
Date Filed..... 4-25-53

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..... *Osney M. How*  
Licensed Embalmer No... 4222

P. O. Address Lebanon, Mi.

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.