

FILED MAR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8481

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 2019

1. PLACE OF DEATH a. COUNTY <u>Howard.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard.</u>	
b. CITY OR TOWN <u>Fayette Mo.</u>		c. CITY OR TOWN <u>New Franklin</u>	
c. LENGTH OF STAY (in this place) <u>5 mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			
STREET ADDRESS <u>122 Chancellor</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u> b. (Middle) <u>Charles</u> c. (Last) <u>Weddle.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24-1957.</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>Nov. 12-1888</u>		9. AGE (In years last birthday) <u>73.</u>		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Mechanic</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles Weddle</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Bell Nichol</u>		14. NAME OF HUSBAND OR WIFE <u>Sola Small</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>702-10-0988</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Char. Weddle New Franklin Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cranial Occlusion</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 1956, to 2-24, 1957, that I last saw the deceased alive on 2-24, 1957, and that death occurred at 7 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. P. Reed M.D.</u> (Degree or title)		23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>3-12-57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 27-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	
				24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo</u>	

DATE REC'D BY LOCAL REG. <u>3/12/57</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shee</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. L. J. Hall New Franklin Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 3 1961

YS JUL 31 1961

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 *H. L. Hall*

Licensed Embalmer No. *3515*

P. O. Address *New Frank*

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.