

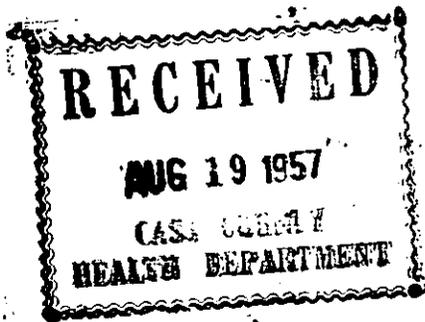
THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 27754  
State File No.

FILED AUG 20 1957

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

BIRTH NO.		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5227</u>		Registrar's No. <u>116</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside of incorporated town or village, give name and township) <u>Harrisonville</u>		c. LENGTH OF STAY (In this place) <u>6 mos</u>		c. CITY OR TOWN <u>Harrisonville</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>Pleasant View Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>604 East Mechanics</u>			
3. NAME OF DECEASED (Type or Print) <u>ALICE</u>		a. (First)		b. (Middle) <u>A</u>		c. (Last) <u>WELDON</u>	
4. DATE OF DEATH <u>Aug 13 1957</u>		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 13 1866</u>		9. AGE (In years last birthday) <u>91</u>		10. UNDER 1 YEAR (Months) (Days) 11. UNDER 1 HRS. (Hours) (Mins.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfield Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adlai Boyd</u>		13b. MOTHER'S MAIDEN NAME <u>Almira Lane</u>		14. NAME OF HUSBAND OR WIFE <u>Alonzo Weldon</u>			
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Boyd Moss Harrisonville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC PNEUMONIA</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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>CARCINOMA OF Esophagus</u>				<u>2 yrs</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</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) m.		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>1950</u> to <u>Aug 13</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Aug 12</u> , 19 <u>57</u> and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. J. Barger MD</u>				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>15 Aug 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 15-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grand Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 15, 1957</u>		REGISTRAR'S SIGNATURE <u>Nora Barwad</u>		EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>Chamberlains Harrisonville Mo</u>			



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 *James R. Phillips*.....  
Licensed Embalmer No... *464*.....

P. O. Address *Harrison*.....

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.