FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-008836
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Columbia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1425 Hickory St. — Length of stay in Ib 51 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone 7165
c. CITY OR TOWN Columbia — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1425 Hickory St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MATTIE Middle MAUDE Last WELDON
4. DATE OF DEATH Month March Day 12 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH June 19, 1887
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Osage City, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Siegel Soloman Everhart
13b. MOTHER'S MAIDEN NAME Nellie Louella Bacon
14. NAME OF HUSBAND OR WIFE Fenton Allen Weldon
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. —
17. INFORMANT Address Fenton Allen Weldon, Columbia, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of left Breast — INTERVAL BETWEEN ONSET AND DEATH Past 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senility general debility Mal-nutrition 170X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-11-58 to 3-12-58 and last saw her/him alive on 2-11-58
Death occurred at 3-12-58 1030 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter Sparks (Degree or title) DO
22b. ADDRESS Columbia Mo
22c. DATE SIGNED 3-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 15, 1958
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) Columbia, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.
25. DATE RECD. BY LOCAL REG. March 14, 1958
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, medical examiner: All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 50[illegible]

P. O. Address Columbia, [illegible]

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.