Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013724
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): GRAIN VALLEY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): GRAIN VALLEY Mo. — Length of stay in Ib: 1047

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: GRAIN VALLEY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7000 GRAIN VALLEY — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: NAOMI Middle: FAYE Last: WEDDLE
4. DATE OF DEATH: Month 4 Day 2 Year 59
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒
8. DATE OF BIRTH: 2-17-31
9. AGE (In years last birthday): 28
IF UNDER 1 YEAR: Months 1 Days 15
IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk typist
10b. KIND OF BUSINESS OR INDUSTRY: Wadell & Reed
11. BIRTHPLACE (City and state or country): OAK GROVE
12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME: MARVIN WEBB
13b. MOTHER'S MAIDEN NAME: MARIE HALL
14. NAME OF HUSBAND OR WIFE: ___
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ___
16. SOCIAL SECURITY NO.: 488-32-8297
17. INFORMANT: Marvin Webb. Address: Grain Valley Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Depression of Cardiac & Respiratory Centers — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hemorrhage into Cerebellum & Medulla
DUE TO (c) Possibly Glioblastoma Cerebellum Tumor of Unknown Origin — 9 Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1930
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 Aug 1958 to April 2, 1959 and last saw her alive on April 2 1959
Death occurred at April 2 1959 6:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James H. Via (Degree or title) D.O.
22b. ADDRESS: Blue Springs, Mo
22c. DATE SIGNED: April 2, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-5-59
23c. NAME OF CEMETERY OR CREMATORY: Blue Springs.
23d. LOCATION (City, town, or county) (State): Blue Springs. Mo

24. FUNERAL DIRECTOR: Mayfield ADDRESS: Blue Springs.
25. DATE RECD. BY LOCAL REG.: 4-5-1959
26. REGISTRAR'S SIGNATURE: N. B. Langford

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

US MAY 22 1959

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 Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs, M

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.