

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 1 9 1959

59-038199

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **9139**

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		a. STATE Missouri	b. COUNTY Stoddard
c. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY OR TOWN Brownwood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
CORDIE	LEE	WEALAND	SEPTEMBER	30	1959
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH —	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days 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 At Home	11. BIRTHPLACE (City and state or country) Sheldon, Missouri.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME J. W. Horbert		13b. MOTHER'S MAIDEN NAME Margaret Geyer	14. NAME OF HUSBAND OR WIFE C. J. Wealand		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address C. J. Wealand, Brownwood, Missouri.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) SUPPURATIVE PAROTITIS		4 DAYS
DUE TO (b) DIABETES MELLITUS		MANY YEARS
DUE TO (c) 260x		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). ARTERIOSCLEROSIS. CHRONIC RENAL DISEASE, TYPE UNKNOWN. GASTRIC ULCER.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **SEPT. 11, 1959** to **SEPT. 30, 1959** and last saw her/him alive on **SEPT. 30, 1959**
Death occurred at **8:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C. J. Wealand, M.D.</i>	(Degree or title) M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 10/1/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/2/59	23c. NAME OF CEMETERY OR CREMATORY Advance, Missouri.	23d. LOCATION (City, town, or county) Advance, Missouri.

24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington Blvd.,	ADDRESS	25. DATE RECD. BY LOCAL REG. OCT 5 '59	26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

MAY 31 1960

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.

If not embalmed, fact should be so stated above.