

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037372

FILED VS OCT 21 1960

Registration District No. 11 Primary Registration District No. 5040 Registrar's No. 91

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BARRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY BARRY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EXETER TWP.		Length of stay in 1b 10 yrs.		c. CITY OR TOWN CASSVILLE, R.F.D.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. N*W Cassville			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 Mi. N-W Cassville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last TILDEN HUGH HARKINS WEDDINGTON				4. DATE OF DEATH Month Day Year 10 11 60				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/11/76	9. AGE (last birthday) 83	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Merchant			10b. KIND OF BUSINESS OR INDUSTRY Farm & Hardware		11. BIRTHPLACE (City and state or country) Prestonsburg, Ky.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert Weddington			13b. MOTHER'S MAIDEN NAME Emily Jane Harkins			14. NAME OF HUSBAND OR WIFE Emma Roberts Weddington		
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. 491-44-0340		17. INFORMANT Address Emma Weddington, Cassville, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Congestive Heart Failure DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Diabetes Mellitus & Dry gangrene PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH	
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 8/1/60 to 10/11/60 and last saw him alive on 10/11/60 . Death occurred at 11:40p. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Charles H. Grace M.D.				22b. ADDRESS Cassville, Missouri		22c. DATE SIGNED 10/13/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/14/60	23c. NAME OF CEMETERY OR CREMATORY Viney Cemetery		23d. LOCATION (City, town, or county) Barry Co., Mo.		(State)	
24. FUNERAL DIRECTOR ADDRESS Doyle E. Williamson, Cassville, Mo.				25. DATE RECD. BY LOCAL REG. 10-13-1960		26. REGISTRAR'S SIGNATURE Grace Williams		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by myself, Student Embalmer No. 4883
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Daryl E. Williamson

Licensed Embalmer No. 4883
P. O. Address Cassville

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.