MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-032644
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 217

AMENDED

FILED SEP 25 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hosp
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First ZELLA Middle MAE Last Weter
4. DATE OF DEATH: Month Sept Day 19 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb 27 1897
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months 6 Days 22 IF UNDER 24 HR: 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: Home
11. BIRTHPLACE (City and state or country): Rogersville, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: G. L. Rogers
13b. MOTHER'S MAIDEN NAME: Mollie Stevenson
14. NAME OF HUSBAND OR WIFE: Arthur J. Weter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Arthur J. Weter Address: Warsaw

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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Insufficiency — hour
DUE TO (c) Coronary Occlusion — 24 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia - Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 1-1-59 to 9-19-61 and last saw her alive on 9-19-61
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Clinton L. Glasgow M.D. (Degree or title)
22b. ADDRESS Clinton, Mo.
22c. DATE SIGNED 9/20/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 22, 1961
23c. NAME OF CEMETERY OR CREMATORY: Chadwick Cemetery
23d. LOCATION (City, town, or county) (State): Chadwick Christian Co, Mo
24. FUNERAL DIRECTOR: John T Reser ADDRESS: Warsaw
25. DATE RECD. BY LOCAL REG.: Sept. 22, 1961
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.