

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1593

State File No. ....

BIRTH NO. 49-002633 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 43

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JASPER.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>5 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>ST JOHN'S</u>			d. STREET ADDRESS (If rural, give location) <u>1104 MURPHY</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DEREK</u>		b. (Middle) <u>(NONE)</u>	c. (Last) <u>WELSH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 28 - 49</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>1-28-49</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>JOPLIN, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>HOWARD WELSH</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MARGARET WHETSTONE</u>		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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOWARD WELSH, 1104 Murphy, Joplin</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>Hypoxia</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>76%</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>6 hrs</u> <u>6 hrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>28 Jun, 1949</u> , to <u>28 Jun, 1949</u> , that I last saw the deceased alive on <u>28 Jun, 1949</u> , and that death occurred at <u>10 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. Schwelbe</u>		(Degree or title) <u>md</u>	23b. ADDRESS <u>Fairview Bldg Joplin</u>		23c. DATE SIGNED <u>31 Jun 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-4-49</u>	REGISTRAR'S SIGNATURE <u>Ed. D. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PARKER-HUNSAKER MORTUARY, JOPLIN, MO</u>		

by Delores Thompson, D.E. (Declassified 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.

Signed F. M. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 2519

P. O. Address Joplin mo

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 this body is not embalmed, fact should be so stated above.