

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13091

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5757</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Johnston</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Safe, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On farm at Safe, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Safe, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Welsh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 21, 1868</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>0</u>		11. DAYS <u>21</u>		12. HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Francis M Welsh</u>		13b. MOTHER'S MAIDEN NAME <u>Rebeca A. Suthard</u>		14. NAME OF HUSBAND OR WIFE <u>Charlotta Welsh (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Riley Welsh, Safe, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bowel</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>July 1947</u> <u>29 mos</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>at Ellis Fisher Hosp. Resection of Tumor Oct 1947</u>				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT ☐ WORK ☐ AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8-6</u> , 19 <u>47</u> , to <u>4-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-2</u> , 19 <u>49</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. K. Underwood M. D.</u>		23b. ADDRESS <u>ROLLA, MISSOURI</u>		23c. DATE SIGNED <u>4-17-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Forest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gasconade County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-19-49</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oral E. Licklider, St. James, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 27 1948

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. 312

working under my personal supervision.

Student Carl J. Glenn
Student Embalmer

Signed Orville E. Leichter

Licensed Embalmer No. 3544

P. O. Address 27 June 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.