

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14981**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 619

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. - If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>820 So. 15th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>820 So. 15th St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Olive</u> b. (Middle) <u>May</u> c. (Last) <u>Welty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5/31/49</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>4/6/1869</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Henry C bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Van Cleave</u>		14. NAME OF HUSBAND OR WIFE <u>Fredrick Welty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oliver Settle</u> ADDRESS <u>St. Joseph, Mo.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(Position) pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 HRS</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>BROKEN Hip (No XRAY)</u>		<u>2 WKS</u>	
DUE TO (c) <u>Arterio Sclerosis</u>				<u>3 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chronic Brights</u>		<u>2 yr</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE <u>Fell May 17 Broke hip</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Joseph Buchanan Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 17 1949 2A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Light Stroke;</u>	

22. I hereby certify that I attended the deceased from Aug, 1947, to May, 1949, that I last saw the deceased alive on May 30 1949, and that death occurred at 8:12A m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. F. Kimball</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>R.R. #4 St. Joseph, Mo.</u>		23c. DATE SIGNED <u>JUNE 2 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>blakely Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Buchanan County Mo.</u>					

DATE REC'D BY LOCAL REG. <u>June 7, 1949</u>		REGISTRAR'S SIGNATURE <u>G. L. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u> ADDRESS <u>Funeral Home St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Eugene Wood*

Licensed Embalmer No. \_\_\_\_\_

*3804*

P. O. Address \_\_\_\_\_

*319 S. 10th St. St. Joseph, 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.