

1062
S. No. 300
10.48

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25834

BIRTH NO. _____ REG. DIST. NO. 35-2 PRIMARY REG. DIST. NO. 6189 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Louisiana b. COUNTY Rapides	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper, Mo. Tp. 7		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alexandria	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rockaway Beach		d. STREET ADDRESS (If rural, give location) 529 Park Place Drive	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Weathersby c. (Last) Welch			4. DATE OF DEATH (Month) (Day) (Year) 7 - 19 - 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17, 1912	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 2	IF UNDER 1 MIN. Hours 	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	10b. KIND OF BUSINESS OR INDUSTRY Gen. Practice	11. BIRTHPLACE (State or foreign country) Collins, Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dr. James Welch	13b. MOTHER'S MAIDEN NAME Josie Weathersby	14. NAME OF HUSBAND OR WIFE Thelma Ann Magee Welch
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W.W.#2	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.T. Cappel, M.D. Alexandria, La.
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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		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Don't know DUE TO (c) has had a Heart Condition for some time		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR none
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22. I hereby certify that I attended the deceased from **7-11**, 19**49**, to **7-19**, 19**49**, that I last saw the deceased **alive** **7-19, 1949**, and that death occurred at **12 P. m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Harry Laryeth Coroner, Prussian, Mo	23b. ADDRESS 	23c. DATE SIGNED 7-19-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-21-1949	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) Pineville, Louisiana
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DATE REC'D BY LOCAL REG. 7-25-49	REGISTRAR'S SIGNATURE SE Cigwell 376	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hixson Bros. Alexandria, La.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8751125112

REC'D 97 ADM

RECEIVED AUG 1 1949
District No. 6
District File Number 849-887
Date Filed 8-3-49

AUG 8 1949

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 *Minnie L. Welchel*

Licensed Embalmer No. *2277*

P. O. Address *Princeton, Md*

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.