

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4345- Registrar's No. 80

1. PLACE OF DEATH

a. COUNTY NEW MADRID.

b. CITY (If outside corporate limits, write RURAL and give township) MATTHEWS

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION No.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MISSOURI b. COUNTY NEW MADRID.

c. CITY (If outside corporate limits, write RURAL and give township) MATTHEWS. 0720

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)

a. (First) WETON b. (Middle) WELSHANS c. (Last) WELSHANS

4. DATE OF DEATH (Month) (Day) (Year) NOV - 2 - 50

5. SEX M. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE

8. DATE OF BIRTH SEP. 13 - 1989 9. AGE (In years last birthday) 61 10. MONTHS 61 11. DAYS 61 12. HOURS 61 13. MIN. 61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) WILKOURN, MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME TAYLOR WELSHANS 13b. MOTHER'S MAIDEN NAME CERILA NELSON 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) No

16. SOCIAL SECURITY NO. No. 17. INFORMANT'S SIGNATURE OR NAME None ADDRESS _____

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) arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH 1 month?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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 WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct 23, 1950, to Nov 2, 1950, that I last saw the deceased alive on Nov 2, 1950, and that death occurred at 10⁰⁰ P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm C. Citchlow M.D. 23b. ADDRESS Sibeston, mo 23c. DATE SIGNED Dec. 22, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried 24b. DATE 12/5/50 24c. NAME OF CEMETERY OR CREMATORY Mounds Park 24d. LOCATION (City, town, or county) (State) near New Madrid, Mo

DATE REC'D BY LOCAL REG. 12-27-50 REGISTRAR'S SIGNATURE Nelson Louis Jones 25. FUNERAL DIRECTOR'S SIGNATURE Richard Audette ADDRESS New Madrid, Mo

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

RECEIVED

JAN 2 1951

DISTRICT HEALTH OFFICE No. 6

Title No.....

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed

W. H. Hedgcock

Signed.....
Student Embalmer

Licensed Embalmer No. *3403*

P. O. Address *New Madison 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.