

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1976

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 19

742

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Union Township 1130	
c. LENGTH OF STAY (In this place) 17 days		d. STREET ADDRESS (If rural, give location) Grant City, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Richard c. (Last) Welsh			4. DATE OF DEATH (Month) 1 (Day) 4 (Year) 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 9 1896
9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Month 8 Day 25	IF UNDER 24 HRS. Hour Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farming for self	11. BIRTHPLACE (State or foreign country) Taylor County, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Benjamin Washington Welsh		13b. MOTHER'S MAIDEN NAME Lydia Delma Lee	14. NAME OF HUSBAND OR WIFE Ora Blanch Welsh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War 1		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Blanch Welsh Grant City, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (a) Pulmonary Embolism ANTECEDENT CAUSES Carcinoma of Colon DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 153X Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 24 hours 10 years			
19a. DATE OF OPERATION 1/2/51	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Descending Colon		20. AUTOPSY? YES <input checked="" 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) m.	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 8 Dec, 1950 , to 1-4, 1951 , that I last saw the deceased alive on 1-4, 1951 , and that death occurred at 2:10 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank B. Madison M.D.		23b. ADDRESS Grant City Mo.	23c. DATE SIGNED 1/6/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1 7 1951	24c. NAME OF CEMETERY OR CREMATORY Isadora Cemetery	24d. LOCATION (City, town, or county) (State) Grant City, Mo.
DATE REC'D BY LOCAL REG. 1-18-51	REGISTRAR'S SIGNATURE Bess Holt 229	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arch C. Dunfee Grant City, Mo.	



JAN 31 1951

JAN 29 1951

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 Arch C. Dwyer

Licensed Embalmer No. 3252

P. O. Address Heart City, 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.