No. 300
10.48

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2244

BIRTH NO. _____ REG. DIST. NO. 6301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 183

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Doniphan R.R#1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Doniphan 0910
d. STREET ADDRESS (If rural, give location): R.R#1 0

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) W. c. (Last) Welch

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8 1951

5. SEX: Male 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH:
9. AGE (In years last birthday): 86 — If under 1 year: Months 4, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: American

13a. FATHER'S NAME: Miles Welch
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Nola Buckner — ADDRESS: Doniphan, Mo RR#1

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) Coronary ; dropsy ; senility — INTERVAL BETWEEN ONSET AND DEATH

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. 4201

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) m.
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* Had no Doctor *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 2:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J E Williams MD (Coroner) 3
23b. ADDRESS: Doniphan, Mo.
23c. DATE SIGNED: 1-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 1-8-1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill
24d. LOCATION (City, town, or county) (State): Paragould Ark

DATE REC'D BY LOCAL REG.: 1-8-51
REGISTRAR'S SIGNATURE: O D Johnston 277 0
25. FUNERAL DIRECTOR'S SIGNATURE: A. E. Chandler — Gregg Funeral Home — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

910
1
3-2-51

RECEIVED
FEB 8 1951
DISTRICT HEALTH OFFICE No. 6
File 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.....
....., Student Embalmer No. .....,
working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.