

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29696

State File No. _____

FILED OCT 11 1951

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 325

0164

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (In this place) <u>80 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>316 Merriwether Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 Merriwether Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u> b. (Middle) <u>J.</u> c. (Last) <u>WELMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 28, 1951</u>		
---	--	--	---	--	--

5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 27, 1879</u>		9. AGE (In years last birthday) <u>72</u> <u>8</u> Months <u>1</u> Day <u>1</u> Hour <u></u> Min.	
-----------------------	--	----------------------------------	--	--	--	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Bullitt County, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
---	--	---	--	--	--	--	--

13a. FATHER'S NAME <u>T. A. Welman</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy J. Hill</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lena Harris Welman</u>	
---	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena H. Welman</u>		ADDRESS <u>Cape Gir., 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myo-cardial</u> DUE TO (c) <u>damage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - <u>Widened aorta</u>				INTERVAL BETWEEN ONSET AND DEATH	
---	--	---	--	--	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>XX</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XX</u>	
---	--	--	--	---	--

22. I hereby certify that I attended the deceased from July 24, 1951 to Sept. 28, 1951, that I last saw the deceased alive on Sept. 28, 1951, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Clarence M. Estes M.D.</u>		23b. ADDRESS <u>714 Broadway, Cape Girardeau,</u>		23c. DATE SIGNED <u>9/29/51</u>	
---	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
--	--	----------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>10-1-1951</u>		REGISTRAR'S SIGNATURE <u>C. L. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walters Funeral Home</u>		ADDRESS <u>Cape Gir., Mo.</u>	
--	--	---	--	---	--	----------------------------------	--

RECEIVED

OCT 8 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

NOV 19 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.....

working under my personal supervision.

Student Embalmer No.....

Signed

Virgil H. Kelch

Signed.....
Student Embalmer

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.