

No. 100
v. 10.48

JAN 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1294

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4235 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Annapolis.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Annapolis	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) General Delivery	

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) Raymond c. (Last) Welch			4. DATE OF DEATH (Month) (Day) (Year) January 17 53		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/23/15	9. AGE (In years last birthday) 37	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY RR. Section	11. BIRTHPLACE (State or foreign country) Minn'm'm Mo	12. CITIZEN OF WHAT COUNTRY? US.A.	

13a. FATHER'S NAME William Welch		13b. MOTHER'S MAIDEN NAME Stella Jackson		14. NAME OF HUSBAND OR WIFE Georgia Welch Annapolis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Wwf#2 Unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Welch Annapolis, 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) Burned to death in Home 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. E9160 16			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Annapolis Iron MO	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Home Burned	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30P m., from the causes and on the date stated above.

23a. SIGNATURE C.A. Howell 3		23b. ADDRESS (Degree or title) Coroner Ironton, Mo.		23c. DATE SIGNED I/17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/18/52		24c. NAME OF CEMETERY OR CREMATORY White Cemetery	
		24d. LOCATION (City, town, or county) Minn'm'm, Mo.		(State)	

DATE REC'D BY LOCAL REG. 1-23-53		REGISTRAR'S SIGNATURE Mrs. Aida Jones 287		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOWELL FUNERAL HOME IRONTON MO	
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(Licensed Embalmer's Statement on Reverse Side)

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

470

JAN 30 1953 VS APR 7 1953

FEB 14 1953

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 C. A. Harwell

Licensed Embalmer No. 3670

P. O. Address Boston MA

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.