

S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. BILL 9504
State File No.

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 357

0396
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1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (in this place) 3 WKS		d. STREET ADDRESS (If rural, give location) 716 SO. MISSOURI	
d. FULL NAME OF HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST			

3. NAME OF DECEASED (Type or Print) a. (First) DELLA b. (Middle) _____ c. (Last) WELCH			4. DATE OF DEATH (Month) (Day) (Year) APRIL, 4, 1953		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JUNE 26 1875		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) HIGHLAND, KANSAS				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME JOSEPH JACOBS		13b. MOTHER'S MAIDEN NAME EMMA L. CHAMBERS		14. NAME OF HUSBAND OR WIFE X	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME MRS. GLADYS ADKINS		ADDRESS SPRINGFIELD, MO.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease						5 YRS	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis						10 Yrs.	
		DUE TO (c) Diabetes Mellitus						10 YRS.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **JUNE 1952** to **APRIL 4, 1953**, that I last saw the deceased alive on **APRIL 4, 1953**, and that death occurred at **1:40A** m., from the causes and on the date stated above.

23a. SIGNATURE William J. Dant, M.D. (Degree or title)		23b. ADDRESS 609 Cherry, Springfield		23c. DATE SIGNED 4/4/53	
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 4/6/53		24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.	
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DATE REC'D BY LOCAL REG. 4-6-53		REGISTRAR'S SIGNATURE Edith Williamson Registrar		25. FUNERAL DIRECTOR'S SIGNATURE HERMAN H. LOHMEYER		ADDRESS SPRINGFIELD, MO	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Lucien J. Saville

Licensed Embalmer No. *485*

P. O. Address *Longfield*

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.