

# STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1953

REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 516

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (In this place) <b>Lifetime</b>		d. STREET ADDRESS (If rural, give location) <b>2002 N. 2nd Street</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2002 N. 2nd Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>Willard</b>	
c. (Last) <b>Welty</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 30, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>September 14, 1882</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>70</b> Days	
IF UNDER 24 HRS. Hours <b>70</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Dry Goods Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Goods Industry Wholesale</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George W. Welty</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Sanfield</b>	
14. NAME OF HUSBAND OR WIFE <b>Henrietta Welty</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-09-9445</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lula Welty</b>		ADDRESS <b>St. Joseph, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina Pectoris</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) OF INJURY		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 <b>April 30, 1953</b> , that I last saw the deceased alive on <b>April 30, 1953</b> , and that death occurred at <b>4:10 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Lesoi Beck M.D.</b>		23b. ADDRESS <b>1618 No. 3rd St. St. Joseph, Mo.</b>	
23c. DATE SIGNED <b>5/1/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 2, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Mora Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>May 7, 1953</b>		REGISTRAR'S SIGNATURE <b>Esther M. Allison</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Meerhoffer &amp; Glaman, Inc.</b>		ADDRESS <b>St. Joseph, Mo.</b>	

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 *Raymond W. Horcher*

Licensed Embalmer No. 4415 Missouri.

P. O. Address St. Joseph, Missouri.

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.