

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23630

State File No.

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4512 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newtown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newtown</u>	
c. LENGTH OF STAY (In this place) <u>13 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Ray</u> c. (Last) <u>Welden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 14, 1929</u>	9. AGE (In years) <u>24</u>		IF UNDER 1 YEAR (Month) (Day)	IF UNDER 24 HRS. (Hour) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. Army</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Toledo, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James O. Welden</u>	13b. MOTHER'S MAIDEN NAME <u>Fayne Melton</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>James O. Welden</u>	ADDRESS <u>Newtown, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic Shock,</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway at 139</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ray Sullivan Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>July 3 53 8:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>

22. I hereby certify that I attended the deceased from 7/3 1953 **to** 7/3, 1953, **that I last saw the deceased alive on** 7/3, 1953 **and that death occurred at** 8:30 p.m., **from the causes and on the date stated above.**

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Ray Mo</u>	23c. DATE SIGNED <u>7/6/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 8, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mankato, Kansas</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas</u>
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DATE RECD BY LOCAL REG. <u>July 9.</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Martin Funeral Home, Princeton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side) [Signature]

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

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JUL 14 1953

SEP 22 1953

AUG 18 1953

JUL 16 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 *Jean Martin*

Licensed Embalmer No. *3760*

P. O. Address *Princeton, Mo.*

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.